LEGISLATIVE COUNCIL BRIEF

PRIMARY HEALTHCARE BLUEPRINT

INTRODUCTION

At the meeting of the Executive Council on 6 December 2022, the Council **ADVISED** and the Chief Executive ("CE") **ORDERED** that the **Primary Healthcare Blueprint (the Blueprint)**(at Annex) should be endorsed for release within 2022 as covered in the 2022 Policy Address to engage stakeholders and the general public on the next steps towards establishing a prevention-oriented, community-based and family-centric primary healthcare system through an array of recommendations and action plans in order to improve the overall health status of the population and alleviate the pressure of the public hospital system by reducing avoidable demand for secondary and tertiary healthcare, thereby ensuring a sustainable healthcare system in Hong Kong.

Annex

JUSTIFICATIONS

Ageing population and chronic disease prevalence

2. Hong Kong has one of the most rapidly ageing of population in the world and the speed of ageing will peak in the upcoming decade from 2021 to 2030, with an average annual increase at 4.0% of the population aged 65 and over. The population aged 65 and over will increase from 1.5 million (20% of the total population) in 2021 to 2.52 million (31% of the total population) in 2039. The proportion of old-old (aged 80 and over) will also rapidly increase from 0.4 million (5%) in 2021 to 0.93 million (11.5%) in 2039.

3. Ageing is also associated with increasing health and social care needs and higher prevalence of chronic diseases. The percentage of persons who had chronic health conditions was 31% (around 2.2 million) in 2020/21, of which 47% were aged 65 and over. The number of Hospital Authority (HA) patients with chronic diseases[1] is projected to reach 3 million in the coming decade by 2039. More alarmingly, there remains a substantial number of patients with

[1] With one of the 25 common chronic diseases: hypertension, diabetes mellitus, hyperlipidemia, coronary heart disease, stroke, chronic obstructive pulmonary disease, chronic heart failure, chronic kidney disease (stage 3A to 5), glaucoma, osteoporosis (approximated by hip fracture), hepatitis B, depression, dementia, Parkinsonism and cancers of the colorectal region, breast, lung, liver, prostate, cervix, corpus, ovary, nasopharynx, stomach and non-Hodgkin lymphoma.

chronic diseases – believed to be as many as a double of the diagnosed number – remain undiagnosed and unmanaged. Among the most common types of chronic diseases, hypertension (HT) and diabetes mellitus (DM) are the highest in prevalence especially among the aged. Chronic diseases are a major public health concern because of their impact on quality of life and productivity of the economy due to gradually deteriorating health conditions of the poorly managed patients, as well as their heavy burden to the public healthcare system in terms of service utilisation, service cost and long term financial burden especially when the associated complications are not timely intervened.

4. Ageing population and increasing chronic diseases prevalence is expected to exert a heavy toll on secondary/tertiary care especially the public hospital system. The utilisation rate of hospital service rises exponentially for people aged 65 and over. Despite only making up 18% of the population, they accounted for around half of all patient days and Accident and Emergency (A&E) admissions, and over one-third of General Out-patient Clinic (GOPC) and Specialist Out-patient Clinic (SOPC) attendances in 2019. Among GOPC, Family Medicine Specialist Clinic (FMSC) and SOPC patients, around 60% have selected chronic diseases, of which 82% have DM/HT. Among DM/HT patients, one in three has developed complications in 2019, and their per capita service cost was two times higher than those without complications.

5. To achieve better population health and quality of life, we need to shift the centre of gravity of our healthcare system from treatment-oriented institution-centric secondary/tertiary healthcare to prevention-oriented family-centric primary healthcare (PHC). Through well-managed and co-ordinated PHC services at community level, we envisage that chronic disease patients' medical and health needs will be properly taken care of at the community level. In turn, alongside longevity, their physical well-being and quality of lives will be enhanced, their morbidity will be compressed and their needs for hospital care will be reduced and deferred. The overall health status of the population shall thereby be improved.

Health system sustainability

6. One of the objectives of the PHC system reform is to tackle the healthcare system sustainability issue of Hong Kong. Currently, there is no set global standard for the percentage of health expenditure that a health system should be spending on PHC. Across 88 countries analysed in the 2019 World Health Organization (WHO) "Global Spending on Health: A World in Transition" report, PHC spending ranged from 33% to 88% of health spending, with a global 54% average across 88 countries.

7. Currently, treatment-oriented secondary and tertiary healthcare especially public hospital services accounted for the majority of healthcare services and spending in Hong Kong. According to the Domestic Health Accounts 2019/20[2], the total health expenditure in Hong Kong is roughly split at 30:70 between PHC ($52.9 billion) and secondary/tertiary healthcare ($127.3 billion), which is much lower than the average expenditure of 54% across 88 countries as aforementioned. Owing to heavily subsidised public hospital services at over 97% of costs, public healthcare expenditure is even more concentrated with around 83% ($79.9 billion) of public health expenditure spent on secondary and tertiary healthcare whereas only 17% was spent on PHC ($16.0 billion).

8. Treatment-oriented healthcare induces higher healthcare costs and accelerates the increase of health expenditure. From 2010/11 to 2019/20, our average annual growth rate of public health expenditure was 5.6%, faster than that of the gross domestic product (GDP) at 2.0% in real terms. A projection based on peer-reviewed research done in 2008 commissioned by the then Food and Health Bureau[3], it was estimated that total/public healthcare expenditure will increase from 5.3%/2.9% of GDP in 2004 to 7.1%/4.1% of GDP in 2020 if nothing was done to reform the healthcare system. Actual total/public healthcare expenditure (excluding COVID-19 expenditure) was estimated to be about 6.7%/3.6% of GDP in 2019/20 according the Domestic Health Accounts. The accelerating ageing of the population in the coming decade will on one hand further limit GDP growth and the budget for public health expenditure, and on the other increase the demand for public health spending. It is simply unsustainable to keep increasing public health expenditure to fund the public hospital system to cope with the ever-increasing healthcare demand, unless systemic reform to the healthcare system is introduced.

Primary healthcare

9. PHC is the first point of contact for individuals and families in a continuous healthcare process in the living and working community which entails the provision of accessible, comprehensive, continuing, co-ordinated and family-oriented care. A well-established and overarching PHC system routinely manages, maintains and enhance the health of the population at the community level, forms the foundation and portal of the pyramid of healthcare services, and serves as a gatekeeping role to specialised secondary and tertiary

[2] Figures of Domestic Health Accounts 2019/20 are adopted as the health cost distribution in 2020/21 has been affected by the COVID-19 pandemic and deviates from the normal trend.

[3] Projection of Hong Kong's Healthcare Expenditure, 2008, the Department of Community Medicine and School of Public, Health, Li Ka Shing Faculty of Medicine, The University of Hong Kong

healthcare in hospital and institution settings. It is recognised as the most essential component in a well-functioning healthcare system.

10. According to the WHO, PHC is the most equitable, efficient and effective strategy to enhance the health of populations. In addition, there is considerable evidence that health systems based on PHC services have better health outcomes.

11. In Hong Kong, the development of PHC could be traced back to the "*Health for All, the Way Ahead: Report of the Working Party on Primary Health Care"* issued in 1990. The Report affirms the importance of PHC and provided a list of 102 recommendations toward its development. The Report has guided the development of the later policy and many of its recommendations are still being adopted today. In the subsequent years, a number of consultation documents released by the Government, including the "*Your Health, Your Life Consultation Document on Healthcare Reform"* in 2008 and the "*Our Partner for Better Health – Primary Care Development in Hong Kong: Strategy Document"* in 2010, have all reaffirmed the need to shift from secondary to PHC as the direction of healthcare reform. Local peer-reviewed studies on PHC enhancement projects implemented over a decade ago had also proven beyond doubt that investment in chronic disease management would lead to both better health outcome and reduce hospital expenditure for the cohort concerned. Thus the validity of PHC as a healthcare reform initiative to improve both the efficacy and efficiency of the healthcare system as a whole is well established.

Publicly-funded primary healthcare services

12. Over the years, the Government has been providing publicly-funded PHC services mainly through direct services of the Department of Health (DH) and HA. In recent years, the Government has launched various government-subsidised or public-private partnership (PPP) healthcare programmes as recommended in previous healthcare reform consultation documents with a view to tapping into the private healthcare sector resources in meeting public PHC service demand and enhancing the quality of health of the population and healthcare services for them. These include the Vaccination Subsidy Scheme (VSS) since 2008, Elderly Health Care Voucher (EHCV) Scheme since 2009, General Out-Patient Clinic PPP Programme (GOPC PPP) since 2014, and Colorectal Cancer Screening Programme since 2016. Together these subsidised programmes accounted for some $3 billion government fixed expenditure on PHC in 2019/20.

13. To strengthen collaboration between the health and social care sectors and PPP in a district setting with a view to enhancing public awareness in disease prevention and self-health management, offering greater support for patients with chronic diseases, and relieving the pressure on specialist and hospital services, the Government is committed to enhancing district-based PHC services by setting up District Health Centres (DHCs) throughout the territory progressively. Operated by a non-government entity through government funding, the DHC is a brand new service model and will be a key component of the PHC system in a bid to shift the emphasis of the present healthcare system and people's mindset from treatment-oriented to prevention-oriented.

14. To build up a critical mass of district-based PHC services throughout the territory, the Government has set up DHCs (and DHC Expresses of smaller scale in the interim) in all districts across the territory by 2022. DHCs will progressively strengthen their role as co-ordinator of community PHC services and case manager to support PHC doctors on one hand, and their role as district healthcare resource hub that connect the public and private services by different sectors in the community on the other hand, thereby re-defining the relationship among public and private healthcare services; as well as PHC and social service providers.

Private primary healthcare providers and public-private partnership

15. Complementing the public healthcare system, the private sector is the major provider of PHC services, accounting for about 75% of PHC expenditure and providing about 68% of out-patient doctor consultations. In 2019/20, about 77% of private health expenditure on PHC was paid out-of-pocket. While private services offer more choices and flexibility to patients, accessibility and equality of healthcare are constrained. Private PHC services are mainly provided as episodic care without co-ordination and continuity. Moreover, as only about 23% of the population have a family doctor, the role of family doctors on care co-ordination, streamlining and triage at the community level is limited.

16. To improve accessibility to quality PHC for the general public and redress the imbalance between the public and private healthcare sectors, strategically the Government strives to optimise the utilisation of private healthcare resources and leverage on the private sector's capacity for providing PHC services, with a view to relieving pressure on the public sector and thereby enhancing the sustainability of the healthcare system. As recommended in the "*Your Health, Your Life Consultation Document on Healthcare Reform*" in 2008, PPP in healthcare should be pursued in Hong Kong to subsidise the community to make better use of resources in the private sector to deliver service for some public sector patients, thus allowing the public healthcare system to

continue to serve as an essential safety net for the population and be accessible to those who lack the means to pay.

17. In doing so, there is a need for standardisation and assurance of the quality of PHC services across public and private service providers to ensure that the whole PHC system is driving towards the Government's overall PHC policy and delivering the intended health outcomes. Enhancement of performance monitoring tools, improvement on standardisation and transparency in the private PHC sector to unleash their potential in achieving continuity of care, care co-ordination and gate-keeping are some of the key issues to be addressed. With the participation of well-managed private PHC providers in the PHC system, we envisage to see improvements in the quality of health for individuals and the population as a whole.

Primary Healthcare Blueprint

18. The Steering Committee on Primary Healthcare Development (SCPHD) was set up in November 2017 to comprehensively review the existing planning of PHC services and draw up a development blueprint so as to establish a PHC system that improves the health for all and enhances the quality of living of the people. The SCPHD has provided advice on PHC development from different aspects, namely manpower and infrastructure planning, collaboration model, community engagement, planning and evaluation framework and strategy formulation, with a view to formulating the Blueprint.

19. The Health Bureau (HHB) published the Blueprint on 19 December 2022 to introduce systemic changes to the healthcare system by shifting its focus to prevention-oriented, community-based PHC through an array of recommendations and actions plans, in order to improve the overall health of the population and alleviate the pressure of the public hospital system.

20. Under the guidance of the SCPHD, the Blueprint focuses its discussion on five major aspects. The relevant chapters and major recommendations are summarised below –

(a) Develop a community-based primary healthcare system

21. We recognise that the current PHC system is fragmented with lack of overall strategic planning and co-ordination on service development and vertical and horizontal integration. There is a need for synchronising and consolidating various PHC services, including those introduced and operated by different parties over time. We propose that a district-based family-centric community health system should be further developed based on the DHC model with an

emphasis on horizontal integration of district-based PHC and related social services through service co-ordination, strategic purchasing and medical-social collaboration, as well as vertical integration or interfacing with secondary and tertiary care services through protocol-driven care pathway for specified chronic diseases supported by well-trained primary care medical practitioners playing the role as family doctors.

22. In particular, as the service model and scale of DHCs continue to grow and solidify, we see the need to drive the consolidation of public PHC service in order to reduce service duplication and enhance efficiency in the use of resources. We recommend that certain PHC services under DH, especially those with room for more efficient delivery through an alternative approach, should be progressively migrated from DH to the district-based community health system, with a view to facilitating provision of integrated PHC services through the district-based community health system and reducing service duplication. To this end, we have started discussion with DH to migrate the services of Elderly Health Centres (EHCs) and Woman Health Centres (WHCs) to DHCs and other private healthcare providers through strategic purchasing or PPP as appropriate. According to the same principle, DH's other PHC services shall be gradually migrated under a phased approach, taking into account the level of synergy and impact of service transition.

23. As regards chronic disease screening management, which is a major focus of the Blueprint, the Government aims to incentivise citizens to prevent the development of chronic diseases, facilitate early identification and provide timely intervention of designated chronic diseases at the community level. For those individuals diagnosed with chronic diseases, we strive to prevent and manage associated complications to reduce need for hospitalisation. To this end, as covered in the 2022 Policy Address, we would introduce a "Chronic Disease Co-Care Pilot Scheme" (CDCC Pilot Scheme) through DHCs to provide targeted subsidy for the public to conduct diagnosis and management of target chronic diseases (especially HT and DM) in the private healthcare sector through "family doctor for all" and a multi-disciplinary public-private partnership model. Through the Scheme, we hope to facilitate early identification and timely intervention of chronic diseases so as to reduce the demand for specialized and hospital services. It also provides an additional choice of services for chronic disease patients outside of the public healthcare system. As a start, we recommend that the CDCC Pilot Scheme should first cover HT and DM patients in view of the high disease prevalence. According to the economic model of a local study on "Chronic Disease Screening Voucher and Management Scheme"[4], over a time span of 30 years, the health system will save about 28% or 12.5

[4] "Strategic Purchasing: Enabling Health for All", Our Hong Kong Foundation, 2021

billion on direct healthcare expenses and prevent a total of 47 138 mortalities through the provision of subsidised screening and management services for DM management in the private for all individuals between the ages of 45–54 years for DM and prediabetes. In accordance with the results, it is envisaged that the economic savings for subsidized screening and management for both HT and DM for all age groups would result in even greater healthcare savings and prevention of mortalities.

24. Based on a co-payment model, the CDCC Pilot Scheme is targeted at the population with higher affordability to manage their chronic diseases by private practitioners of their choice. Meanwhile, we recommend to reposition the GOPCs of HA to enable targeted use of public resources. To ensure that the public healthcare system would continue to serve as an essential safety net for the population, it is proposed that GOPC service should prioritise chronic disease management and target the socially disadvantaged population groups especially low income families and the poor elderly[5], while other patients may also choose to seek private PHC services through the CDCC Pilot Scheme.

(b) Strengthen primary healthcare governance

25. The existing health governance structure has not placed enough emphasis on PHC. A holistic approach at the policy level is required in addressing the systemic imbalances between PHC and secondary/tertiary healthcare in terms of policymaking, financing, manpower, regulation and outcome monitoring. A co-ordinated approach at the implementation level is also required to ensure commitment to drive institutional changes and enhance cross-sectoral and inter-organisational co-ordination among PHC services in an integrated manner.

26. In the light of the above, we consider that an overarching governance structure focusing on positioning PHC as a health system priority is essential to enable a vision- and mission- led policymaking process. We recommend to progressively transform the Primary Healthcare Office currently under HHB into a Primary Healthcare Commission empowered to oversee PHC service delivery, standard setting, quality assurance and training of PHC professionals under one roof, as well as to take on PHC service planning and resource allocation through strategic purchasing supported by a Strategic Purchasing Office (SPO). It should also be tasked to review the roles of different key service providers in PHC and enhance cross-sectoral and inter-organisational co-ordination.

[5] In 2019/20, among GOPCs' HT/DM patients (excluding civil service eligible persons), about 23% were fee-waiving patients (i.e. recipients of Comprehensive Social Security Assistance or Higher Old Age Living Allowance or other fee waivers).

27. Upon the establishment of the Primary Healthcare Commission, DH will maintain its public health functions and continue to serve as the Government's public health adviser in planning the overall public health strategy over the territory and executing its regulatory and enforcement roles. In addition, it shall be tasked to monitor and facilitate the development of health technology and the research and development of drugs, so as to enhance its capability to cater for the future development of society and public health. On the other hand, HA is envisaged to focus on its provision of public hospital and related medical treatment and rehabilitation services to the public in accordance with the Hospital Authority Ordinance, whereas its PHC services (e.g. the GOPCs) should only focus to serve as an essential safety net for the population, especially those who lack the means to pay, under the direction of the Primary Healthcare Commission.

28. We see the need for standardisation and assurance of the quality of PHC services across public and private providers to ensure that the whole PHC system is driving towards the Government's overall PHC policy and delivering the intended health outcomes. To this end, we propose transforming the existing Primary Care Directory (PCD) into a Primary Care Register (PCR) to serve as a central register for all PHC professionals under one umbrella, and to introduce improvements to the existing Reference Frameworks (RFs) in primary care settings as levers for standardised care and quality assurance tools.

29. The Primary Healthcare Commission will be tasked to oversee the management and improvements of the PCR and RFs. We propose to require all healthcare professionals participating in PHC service provision to be enlisted on the PCR and commit to using the PHC RFs, including those enrolling in government-subsidised programmes such as the EHCV Scheme and various PHC PPP Programmes[6] such as the CDCC Scheme, in order to provide quality assurance to users of PHC services, establish the "gold standard" for PHC service providers, and provide incentives for PHC professionals to adopt best practices and participate in co-ordinated care. Through the above, continuous improvements in health service quality and performance with a view to safeguarding high standards of PHC in supporting the Government's health initiatives are envisaged. New legislation would be required to provide the mandate and statutory powers for the Primary Healthcare Commission to implement the standards on private PHC service providers.

[6] Examples include the Colorectal Cancer Screening Programme, Government Vaccination Programme, GOPC PPP, etc.

30. To address the problem of multiple points of contact in the current healthcare system, a clear patient pathway and primary-secondary referral protocol is required to gate-keep the access to the public secondary healthcare system and de-duplicate the functions of GOPCs and SOPCs. An evidence-based, two-way protocol-driven referral mechanism, in particular for the specified chronic diseases, should be established for use by both the public and private sector with the specialist and hospital services, to ensure only those warranted cases would be uploaded to the secondary level; whereas stable cases should be downloaded back to the primary level for ongoing care.

31. We recommend to task HA to develop the referral mechanism based on the existing referral system in the public health system, starting with the specified chronic diseases (i.e. HT and DM). Upon establishing such a protocol-driven referral mechanism, we recommend to establish the primary-secondary referral mechanism between PHC service providers in both the public and private sectors with the public hospital system, emphasising the effective discharge of case management and gatekeeping role of PHC service providers, allowing timely and appropriate referral of patients with complications by PHC doctors to public hospitals for secondary care, and downloading of stabilised patients by public hospitals to PHC doctors for continued monitoring and management. Under this recommendation, patients requiring access to public secondary healthcare services (i.e. SOPCs) should be referred only after screening and assessment by PCR doctors in conformity with the protocol.

(c) Consolidate primary healthcare resources

32. The current health expenditure allocation is heavily skewed towards secondary and tertiary healthcare. In order to shift the focus of the current health system towards PHC, there will be a need to expand expenditure on PHC services as an upfront investment so as to enable reallocation of healthcare resources from the secondary/tertiary to PHC level and to attain better health outcome and a sustainable healthcare financing and delivery model. Apart from injecting new resources through increasing public expenditure, we need to explore reallocation from and better utilisation of existing resources.

33. We propose to improve existing financing schemes to enhance the efficiency of resources and improve the quality of PHC services in the community. To this end, aside from streamlining public PHC services, we propose to look into the optimisation of resources invested in the EHCV Scheme, representing about 18% of the existing public PHC resources, to ensure that it can effectively achieve the objective of promoting PHC. It is proposed that the EHCV Scheme should be optimized to direct resources towards PHC services with an emphasis on strengthening chronic disease management and reinforcing

the different levels of prevention, by incentivizing elders to use EHCVs for continuous preventive healthcare and chronic disease management with healthcare service providers registered under the PCR, such as health assessment, chronic disease screening and management or other government initiatives. Furthermore, the EHCV user would need to register with a family doctor (which is listed on the PCR). As covered in the 2022 Policy Address, we will roll out a three-year pilot scheme to encourage the more effective use of PHC services by the elderly, increasing the annual voucher from the existing $2,000 to $2,500. The additional $500 will be allotted to their account upon claiming at least $1,000 from the voucher for designated PHC services. The additional amount should also be used for those designated services.

34. To achieve resource efficiency in the face of an ageing population, there is a need for the Government to optimise healthcare resources through strategic purchasing in order to look into the most efficient ways in delivering PHC with a view to allowing more cost-effective provision of healthcare services while maximising population health. In this connection, we propose to adopt strategic purchasing as a tool to complement Hong Kong's existing dual-track healthcare system through bridging the segmented public and private sectors so that PPP initiatives could be pursued and administered in a more strategic and holistic manner. Strategic purchasing aims to maximise healthcare system benefits through an active, evidence-based process that defines which health services to be bought from whom, how these health services should be paid for, at what rate should be paid, and the payment and incentive mechanisms. The newly established SPO under HHB to oversee the development and implementation of strategic purchasing programmes at primary care level, so as to channel resources more effectively towards quality, co-ordinated and continuous PHC with an emphasis on prevention-oriented and family-centric services, reduce service duplications, gaps, inefficiencies and mismatches between the public and private sectors in PHC, and ultimately bring about optimised co-ordinated and integrated care to individuals and families to maximise their health benefits and outcomes. Among other things, the SPO will be tasked to review the development and implementation of existing PPPs in relation to PHC and conduct ongoing surveillance, monitoring and assessment of the services with a view to ensure efficient use of resources.

35. We also recommend to pursue development and redevelopment of government buildings and premises for healthcare facilities at the community level and to examine the feasibility of providing accommodation space therein for certain private healthcare service providers or non-government organisations to provide PHC services, in order to facilitate their development as part and parcel of the district-based community health system, and the delivery of seamlessly integrated, co-ordinated and continuous PHC through co-location.

We have set up the Steering Committee on Healthcare Facilities Planning and Development to coordinate the development of healthcare facilities and redevelopment of government healthcare facilities including those for PHC services.

(d) Reinforce primary healthcare manpower

36. The sustained delivery of quality and adequate PHC services relies on the stable and sufficient supply of qualified PHC manpower with sufficient knowledge, skills and attitude, who embraces the concept of multi-disciplinary teamwork and specialises in the team setting in PHC in the community. The training of PHC professionals and enhancing the role of PHC professionals are therefore essential to ensure adequate quantity and quality of manpower supply for an effective PHC system in Hong Kong. To ensure adequate supply of PHC-related professionals, the Government will review the manpower projection model and formulate strategies to systematically project the demand for PHC professionals taking into account healthcare demands of the population as a whole, the recommendations in the Blueprint, and provision of PHC services in both the public and private sectors, and with a view to ensuring a sufficient supply of PHC professionals through provision of subsidised local training places as well as attraction of non-locally trained professionals. We will also enhance PHC-related training for all PHC service providers and to set training requirements under PCR, to facilitate healthcare professionals in both the public and private sectors to play a more active role in the development of PHC under a team approach and operate in a co-ordinated fashion as part and parcel of the district-based community health system**.**

37. On the other hand, we shall progressively enhance the role of Chinese Medicine Practitioners (CMPs) and Community Pharmacists as well as other PHC professionals in the delivery of PHC services, through undergraduate and postgraduate education and clinical practice in PHC, and professional-driven and evidence-based development of care models and protocols under the aegis of the Primary Healthcare Commission with the necessary resource allocation and referral pathways as part of the co-ordinated and coherent PHC at the community level.

38. In the long term, as Chinese Medicine (CM) constitutes an integral part of Hong Kong's healthcare system, with a view to better leveraging on the strengths and advantages of CM, the Government will continue to strengthen the role of CM in PHC services, enhance multi-disciplinary collaboration, and look into opportunities for further synergies with CM in PHC settings with a focus on chronic disease prevention and health management through promotion, health assessment, preventive care and introduction of new programmes with the

involvement of CM. Relevant training programmes should also be devised for CMPs to foster mutual understanding of the PHC services provided by different healthcare professionals.

(e) Improve data connectivity and health surveillance

39. An effectively connected digital healthcare data network for immediate access and sharing of health records among patients and healthcare service providers in the public and private sectors is essential to facilitate and co-ordinate the delivery of continuous healthcare for individuals and the collection of essential and accurate health surveillance data for effective healthcare policy and services planning for the population as a whole. We propose to transform the Electronic Health Record Sharing System (eHealth) from a basic health record sharing system into a comprehensive and integrated underpinning information infrastructure for healthcare data sharing, service delivery and process management especially PHC-related services with multiple function layers to facilitate service record keeping, essential data sharing (such as allergies, diagnoses, prescriptions, etc.), health monitoring and surveillance, case and workflow management (including triage, referral and payment), and explore the use of big data analytics to contribute to population health surveillance and individual health management. In addition, through mandatory use of the eHealth by healthcare providers and the public in all subsidised government healthcare programmes, the eHealth shall be the backbone to underpin the gate-keeping and referral mechanism proposed in the Blueprint for enhancing care co-ordination and health surveillance. It shall be gradually developed into the healthcare database of Hong Kong. In the longer run, we recommend to require all PHC service providers to use eHealth and input the medical data, essential health and service data of service users into the eHealth account of the service users, with a view to strengthening protection for healthcare service users, ensuring healthcare quality and raising standards, and enhancing co-ordination and continuity of the healthcare process especially PHC at the community level and referral to and from the public hospital system, through mandates by necessary amendments to the Electronic Health Record Sharing System Ordinance (Cap. 625) and inclusion of relevant requirements in PCR and PPP programmes.

40. Aside from boosting the impact of the eHealth, we also see the need to strengthen health surveillance and analyse health-related data, including population health status, health-related lifestyles, other health parameters and socio-demographic data, etc., to facilitate the Government in population health management through analysing the big data in order to devise healthcare policies and strategies in a precise and an evidence-based manner. To achieve the above, we propose to transform the existing Research Office into a dedicated

Research and Data Analytics Office under HHB to develop a population-based health dataset and conduct on-going data analytics and surveys, and commission research studies on population-based health status, disease pattern and burden, and health seeking behaviour, with a view to providing the necessary data, evidence and analysis to support health policy making by the Government, PHC service planning and resource allocation by the Primary Healthcare Commission, as well as the corresponding service planning and resource allocation for the public hospital system. The Office will take up and review the next Population Health Survey (PHS) and should also more effectively promote big data applications and monitor the progress and evaluate the impact of public health interventions to provide ongoing guidance on public health policy and strategies.

Implementation of the Blueprint

41. We are engaging stakeholders and the public for views on the proposed way forward. In accordance with the Blueprint recommendations, we shall proceed to commence discussion under the following working groups of the SCPHD–

(a) Working Group on Primary Healthcare Landscape and Community Engagement
(b) Working Group on District Health Ecosystem and Financing Model
(c) Working Group on Monitoring and Governance
(d) Working Group on Manpower, Training and Health Surveillance

42. We expect to initiate some of the implemented plans in phases over the short, medium and long term. During the process, we will make reference to international literature and experiences on health system performance measurement in developing the assessment framework and performance indicators for the strategic purchasing, policy making, performance management and improvement of PHC services of Hong Kong.

43. The successful development of PHC services should bring about positive impacts to the healthcare system of Hong Kong at the system, organisation and individual levels. The Research and Data Analytics Office shall develop relevant mechanism (including tools and indicators) to measure the outcome in various areas in the Blueprint in order to continue to monitor and evaluate the success of various PHC proposals.

IMPLICATIONS OF THE PROPOSAL

44. The proposals covered in the consultation are in conformity with the Basic Law, including the provisions concerning human rights. The publication of the blueprint *per se* does not have economic, sustainability and family implications. It also does not have gender and environmental implications. Various implications will be assessed again if any initiatives are to be taken forward after the consultation.

Potential Financial Implications for the Blueprint Recommendations

45. One of the objectives of the PHC system reform is to tackle the healthcare system sustainability issue of Hong Kong. The merits of strengthening PHC as a healthcare reform initiative to improve both the efficiency and financial sustainability of the healthcare system as a whole is well established by local and international studies for it would reduce the avoidable demand for the much more costly secondary and tertiary healthcare. As we proceed along this course, there will inevitably be upfront investment on PHC, but that may slow down the rate of increase in secondary and tertiary healthcare expenditure in later years, as a result of deferring and reducing individual demand for secondary and tertiary care amongst an ageing population through reduction in health service utilisation and subsequently, reduction in costs for hospitalisation associated with related complications. Our PHC blueprint is formulated with the above principle as one of our key objectives.

46. The Blueprint and a few major recommendations of the Blueprint (the introduction of CDCC Pilot Scheme and the enhancement of EHCV Scheme in particular) are included as part of the key initiatives of the Policy Address. Given the significant financial implications the various recommendations may incur in the years ahead, HHB will work with the relevant parties (including policy bureaux and private consultancy firms) to review and consider various financial and service delivery models (such as introducing co-payment requirements, engaging the insurance sector as the service provider, etc.) to ensure cost-effectiveness and lessening of the burden on our public expenditure. Financial resources required, where necessary, will be carefully considered and sought through the established mechanism.

PUBLIC CONSULTATION

47. The recommendation in this Blueprint was formulated based on the deliberation and recommendations by the SCPHD, which comprises 11 non-official members and seven ex-officio members. Representatives of different sectors, such as medical professionals, academics, social workers and district leaders, etc., were appointed as non-official members of the SCPHD to present views from various angles. We also consulted the Legislative Council (LegCo) Panel on Health Services on the broad directions of PHC reform in June 2022. It is therefore believed that the recommendations of the Blueprint have presented a balanced and enlightened view of various stakeholders after thorough deliberation in the past few years. In addition, LegCo and its Panel on Health Services have debated the subject of PHC and healthcare system inadequacies from time to time. The recommendations in this Blueprint aim to resolve some of the longstanding issues subject to strong public criticisms.

PUBLICITY

48. We have conducted a press conference on 19 December 2022 to launch the Blueprint and we will consult the LegCo Panel on Health Services. We have organised the Primary Healthcare Blueprint Symposium on 15 January 2023 to have high-level discussions on the path forward for primary healthcare in Hong Kong. We have also organised the Primary Healthcare Blueprint Forum to introduce the Blueprint to NGOs and patients groups. We will continue to approach key stakeholder organisations to engage their views with discussions under the working groups.

ENQUIRIES

49. For enquiries on this brief, please contact the Health Bureau at 3509 8765.

Health Bureau
January 2023

Annex

Primary Healthcare Blueprint

Health Bureau
The Government of the
Hong Kong Special Administrative Region
of the People's Republic of China

Health Challenges

Uncertain about my health condition

Health declines as I get old

Higher chances of chronic diseases

Worry of frequent trips to hospitals

What is primary healthcare?

- ✓ Serves seven million
- ✓ Prevention beats cure
- ✓ Treat mild cases in the community
- ✓ Family doctor for all
- ✓ One-stop care
- ✓ Personalised health record for everyone
- ✓ Follow up at the doorstep

- ✗ Care for grassroots only
- ✗ Seek medical care only when situation worsens
- ✗ Visit specialists for mild diseases
- ✗ Clueless of where to seek medical help
- ✗ Frequent visits to hospitals
- ✗ Health record scattered everywhere
- ✗ Long queues for follow up

Vision of the Blueprint

Improve
the overall health of the population

Provide
accessible and comprehensive healthcare services

Establish
a sustainable healthcare system

Strategies

Prevention-oriented

Community-based

Family centric

Early detection timely intervention

Primary Healthcare Improves my Health

Early Detection, Timely Intervention

- I can receive health information and services at District Health Centres (DHCs)
- The Government subsidises and arranges me to screen and manage hypertension and diabetes
- The public healthcare system continues to be my safety net
- I can use a portion of vouchers meaningfully on health assessment, disease screening and management

Government Shares the Care Cost with Citizens

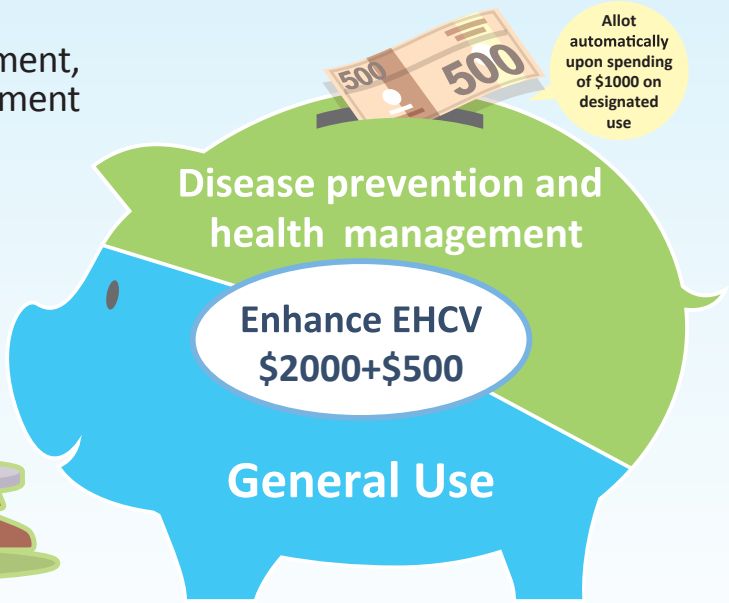
DHCs co-ordinate

Screening and chronic disease management by family doctors

Multi-disciplinary care

Early detection, timely intervention

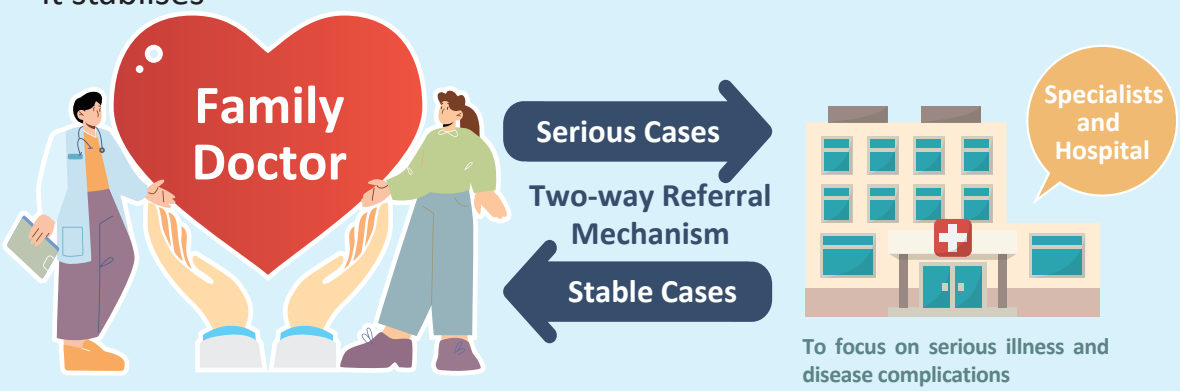
Decrease chances of complications and hospitalisations



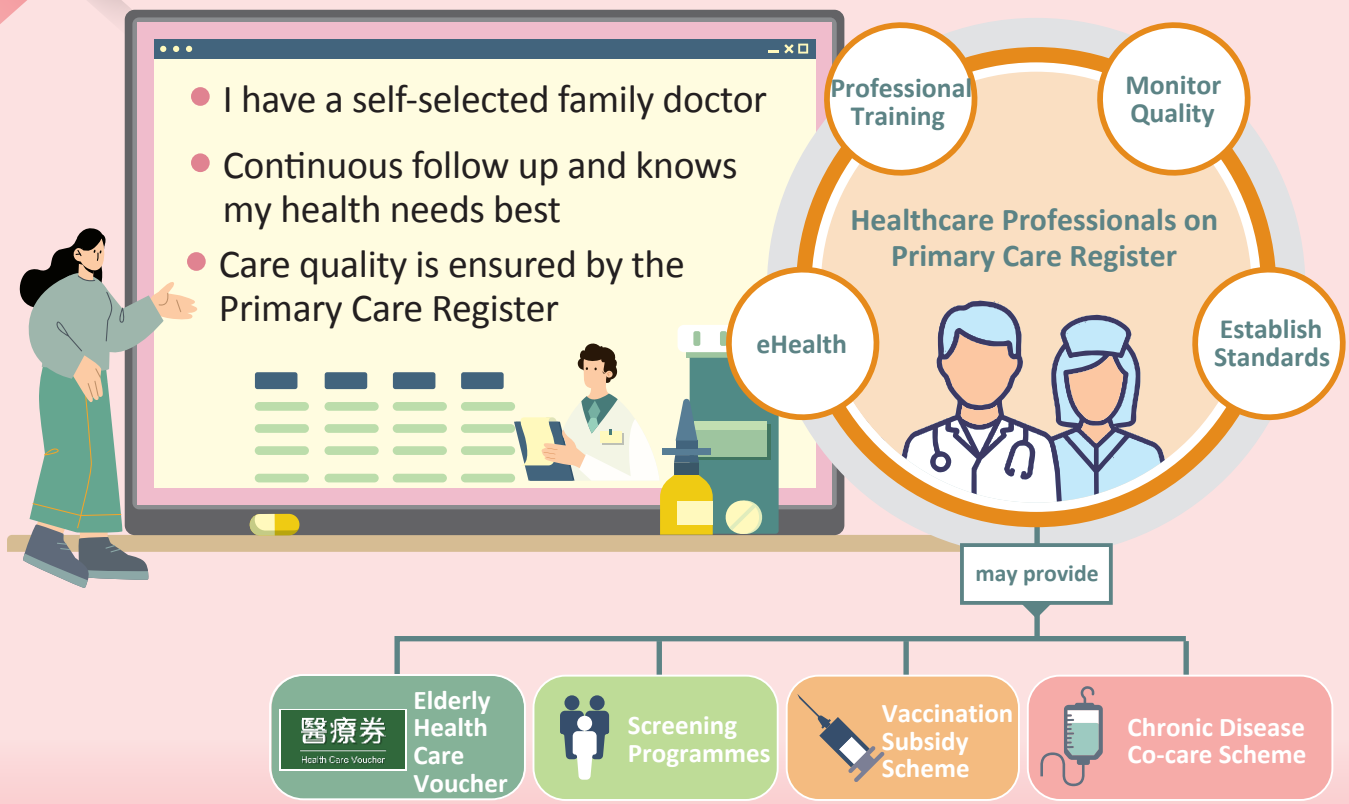
Treat Mild Cases in the Community

- I can manage my chronic disease through my family doctor in the community
- I can receive the required specialist and hospital services when my condition worsens

  My family doctor continues to monitor and follow up on my condition after it stablises

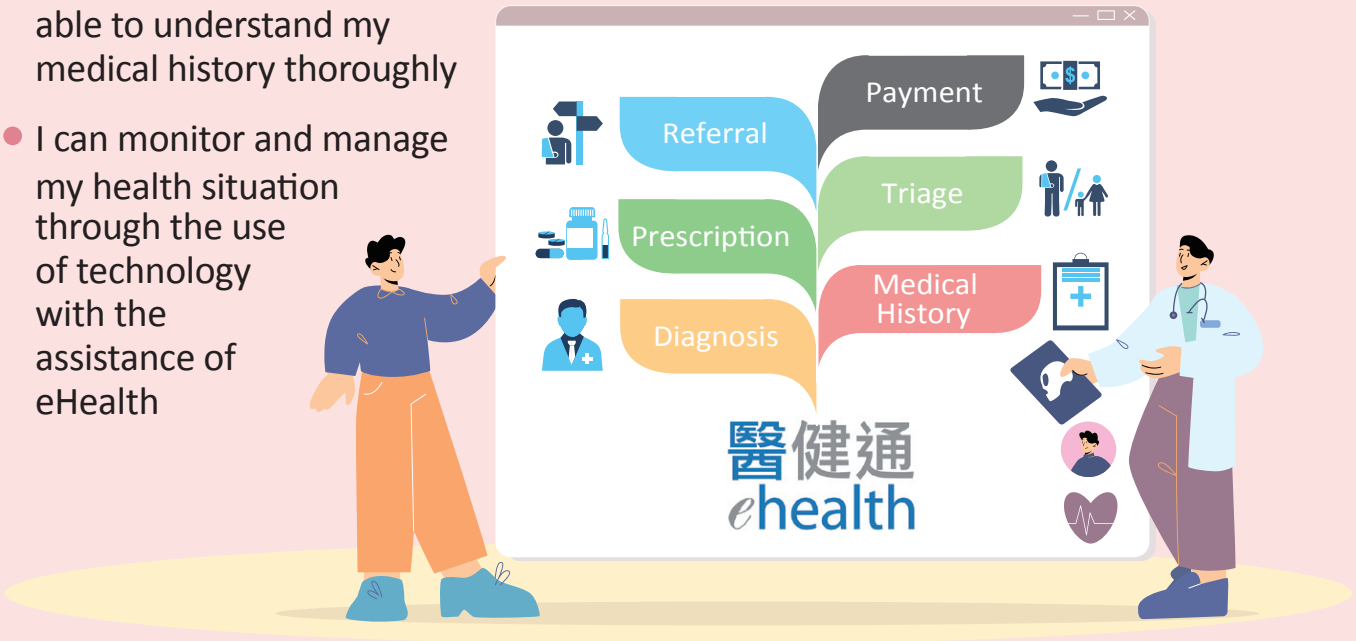


Family Doctor for All



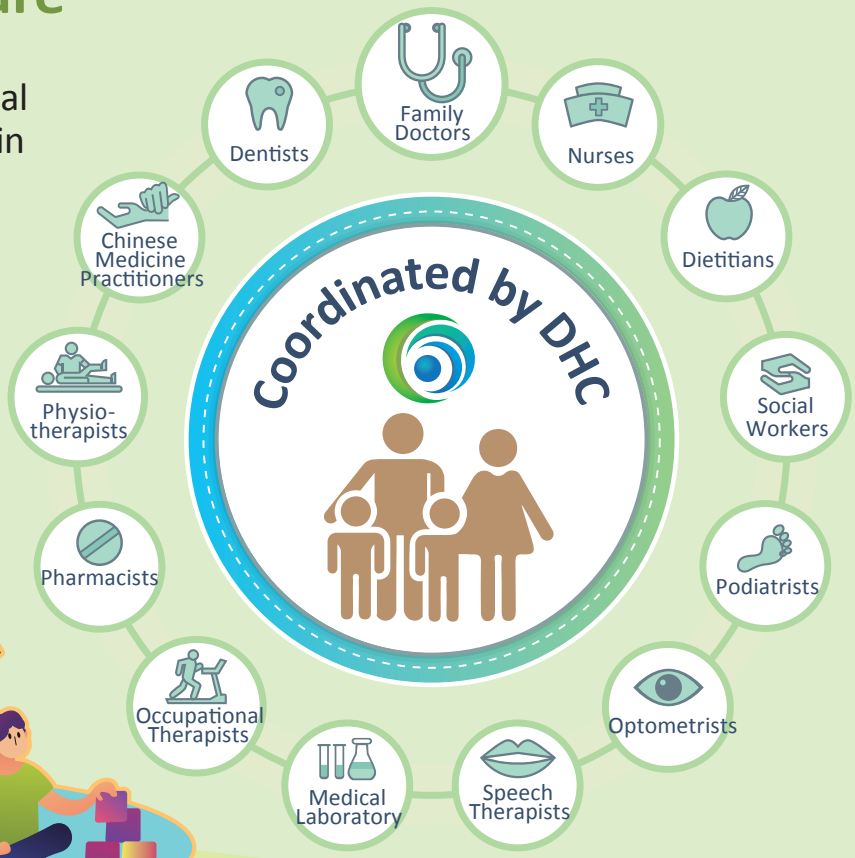
Personalised Health Record for Everyone

- I own my personal electronic health record account
- My care team and I will be able to understand my medical history thoroughly
- I can monitor and manage my health situation through the use of technology with the assistance of eHealth



One-stop Care

- I can receive professional care in the community in a collaborative manner
- DHC co-ordinates the services



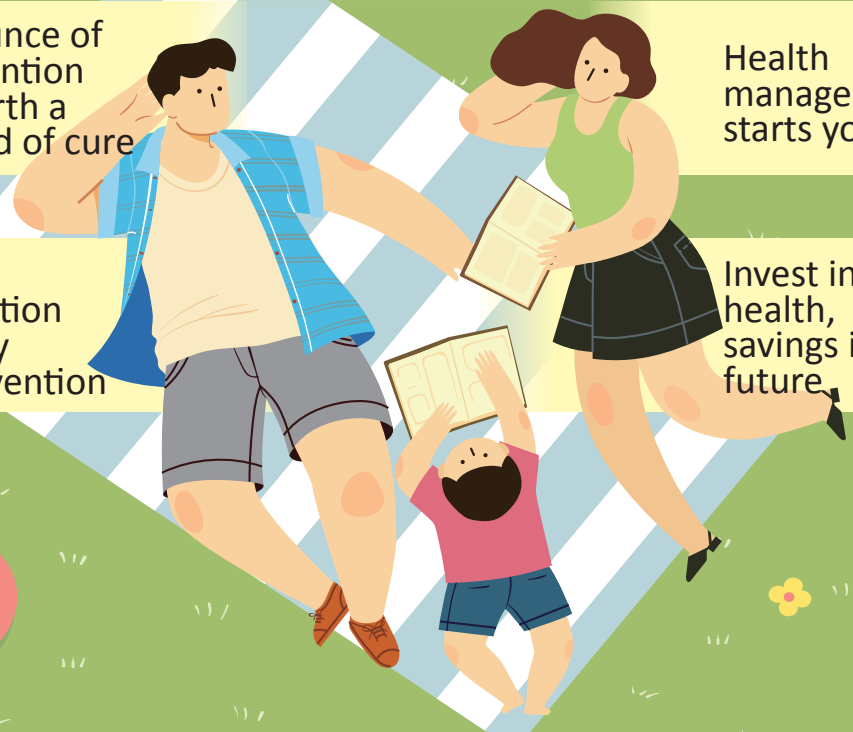
Healthier and Happier Life

An ounce of prevention is worth a pound of cure

Health management starts young

Early detection timely intervention

Invest in health, savings in future



Key Recommendations

Establish System

- Develop a community-based primary healthcare system
- Promote 'Family Doctor for All'
- Enhance the management of chronic diseases

Strengthen Governance

- Establish the Primary Healthcare Commission
- Introduce the Primary Care Register system
- Enhance the referral mechanism between family doctors and specialist or hospital services

Consolidate Resources

- Utilise private healthcare services through strategic purchasing
- Enhance Elderly Health Care Voucher and other subsidised services
- Co-ordinate land resources and facilities for healthcare in the community

Reinforce Manpower

- Reinforce primary healthcare manpower
- Enhance primary healthcare training
- Strengthen the role of primary healthcare professionals

Improve Connectivity

- Establish a one-stop electronic healthcare services platform
- Promote e-Health as personal health account
- Analyse health data for policy making

Contents

Preface by the Secretary of Health

Hong Kong has an effective and efficient public and private healthcare system of very high professional standard that delivers multi-level healthcare services. Nonetheless, facing major challenges brought about by a rapidly ageing population and increasing prevalence of chronic diseases, the overloaded situation of the public healthcare services resulting in long waiting time will only be further aggravated without fundamental reform.

Over the past three years, the Coronavirus Disease (COVID-19) pandemic has further demonstrated the critical importance of a strong primary healthcare infrastructure and workforce within the community. At the same time, it has also exposed and exacerbated the financial burden on our healthcare system and the social costs of chronic diseases. A robust primary healthcare system will be an important line of defence against a wide range of potential public health crises.

It has been well said that 'an ounce of prevention is worth a pound of cure'. The Government is committed to enhancing district-based primary healthcare services in a bid to shift the emphasis of the present healthcare system and changing people's mindset from treatment-oriented to prevention-oriented. We are delighted that the establishment of District Health Centres (DHCs) in all districts in Hong Kong has progressively materialised.

The Government is determined to tackle the health challenges brought about by an ageing population and increasing chronic disease prevalence. This Blueprint aims to address the software and systemic aspect of our healthcare system, in terms of service delivery, governance, resources, manpower and technology. It also aims to map out the next steps towards establishing a primary healthcare system that can improve the overall health of the public and enhance their quality of life.

We strongly believe that the recommendations set out in this Blueprint will guide the direction of the development of our healthcare system that will enable us to support a sustainable and healthy system that backs up each and every citizen in Hong Kong in the decades to come. We look forward to joining hands with you towards building Hong Kong as an even healthier society.

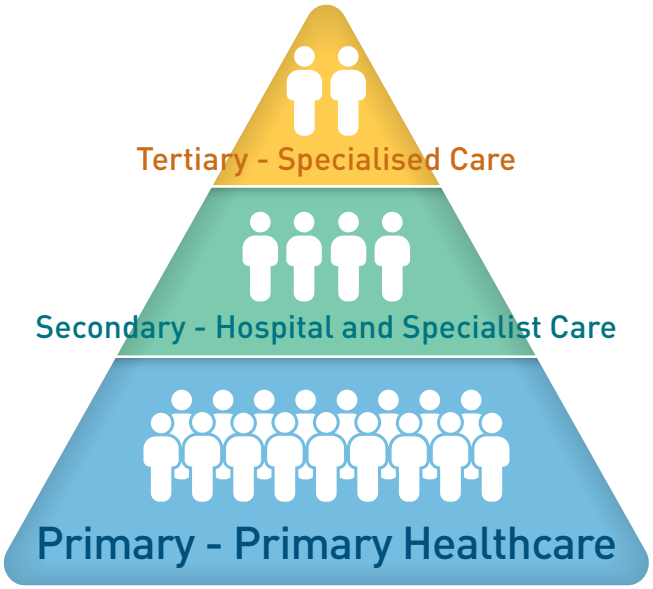
Taking this opportunity, I would like to express my heartfelt gratitude to members of the Steering Committee on Primary Healthcare Development for their comprehensive analysis of the structural situation of our primary healthcare system and their constructive and invaluable recommendations to the Government. Their continued contribution is of paramount significance in the formulation of this Blueprint.

Secretary for Health
Professor Chung-mau LO, BBS, JP

Primary Healthcare

What is Primary Healthcare?

Primary healthcare (PHC) is the first point of contact for individuals and families in a continuous healthcare process in the living and working community, which entails the provision of accessible, comprehensive, continuing, co-ordinated and person-centred care. A well-established and overarching PHC system routinely manages, maintains and enhances the health of the population at the community level, forms the foundation and portal of the pyramid of healthcare services, and serves as a gateway to specialised secondary and tertiary healthcare in hospital and institution settings. It is recognised as the most essential component in a well-functioning healthcare system.



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Milestones of our Primary Healthcare

PHC development in Hong Kong could be traced back to the document "Health for All, the Way Ahead: Report of the Working Party on Primary Health Care" in 1990. The Report affirms the importance of PHC and provided a list of 102 recommendations toward its development. The Report has guided the development of the later policy and many of its recommendations are still being adopted today. In the subsequent years, a number of consultation documents released by the Government, including the "Your Health, Your Life Consultation Document on Healthcare Reform" in 2008 and the "Our Partner for Better Health – Primary Care Development in Hong Kong: Strategy Document" in 2010.

Throughout the successive healthcare reform consultations, enhancement of PHC has been a common theme and key consensus. In particular, there is a consistent emphasis on the urgency and importance to foster PHC amidst a rapidly ageing population, as potential solutions for the increasing demand of healthcare services and the overstretched public sector; and that a more strategic and effective use of private healthcare services through increasing scope of collaboration between public and private sectors should be adopted in healthcare service delivery especially for PHC.

1990 — Report *Health for All, the Way Ahead*

2000 — Consultation paper: *Liffelong Investment in Health*

2005 — Discussion paper: *Building a Healthy Tomorrow*

2008 — Consultation paper: *Your Health, Your Life*

2008-09 — Working Group on Primary Care established

2010 — Strategic document: *Our Partner for Better Health*

2017-18 — Steering Committee on Primary Healthcare Development established

2019 — Primary Healthcare Office and the first District Health Centre established

The Steering Committee on Primary Healthcare Development

To take forward PHC reform, the Steering Committee on Primary Healthcare Development (SCPHD) was set up in November 2017 to develop a blueprint for the sustainable development of primary healthcare services for Hong Kong (the Blueprint). Comprising PHC experts from the public and private sectors, SCPHD has provided advice on primary healthcare development from different aspects, namely manpower and infrastructure planning, collaboration model, community engagement, planning and evaluation framework and strategy formulation, with a view to formulating the Blueprint. With the progressive expansion of DHC's services to 18 districts in Hong Kong, SCPHD has explored the development and service collaboration of a district-based primary healthcare system.

Membership of the Steering Committee on Primary Healthcare Development

Chairperson

Secretary for Health

Non-official members (Surname in alphabetical order)

Professor CHAN Wing-kwong (from 1 December 2020)
Mr Philip CHIU Kwok-leung
Mr CHUA Hoi-wai
Dr LAM Ching-choi
Professor Cindy LAM Lo-kuen
Professor Gabriel Matthew LEUNG
Dr Donald LI Kwok-tung
Mr SHUM Ho-kit
Professor Hector TSANG Wing-hong
Professor Frances WONG Kam-yuet
Professor Samuel WONG Yeung-shan
Dr ZHU En (from 1 December 2017 to 30 November 2020)

Ex-officio members

Permanent Secretary for Health
Permanent Secretary for Labour and Welfare (*or representative*)
Director of Health (*or representative*)
Director of Home Affairs (*or representative*)
Commissioner for Primary Healthcare, Health Bureau (*or representative*)
Chief Executive, Hospital Authority (*or representative*)
Chief Manager (Nursing), Hospital Authority (*or representative*)

The Healthcare Challenges in Hong Kong

Ageing Population and Increase in Chronic Disease Prevalence

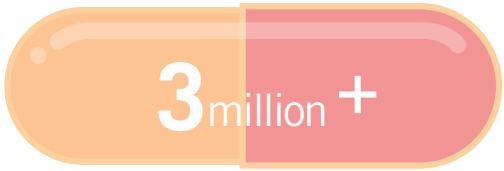
Hong Kong has one of the most rapidly ageing of population in the world and the speed of ageing will peak in the upcoming decade. The average annual increase rate of the population aged 65 and over will be 4.0% from 2021 to 2030. The population aged 65 and over will increase from 1.5 million (20% of the total population) in 2021 to 2.52 million (31% of the total population) in 2039. The proportion of old-old (aged 80 and over) will also rapidly increase from 0.4 million (5%) in 2021 to 0.93 million (11.5%) in 2039.

Ageing is also associated with increasing health and social care needs and higher prevalence of chronic diseases. The percentage of people who had chronic health conditions was 31% (around 2.2 million) in 2020/21, among which 47% were aged 65 and over. The number of Hospital Authority (HA) patients with chronic diseases is projected to reach 3 million in the coming decade by 2039. More alarmingly, a substantial number of patients with chronic diseases – believed to be as many as a double of the diagnosed number – remain undiagnosed and unmanaged. Hypertension (HT) and diabetes mellitus (DM) are the highest in prevalence especially among the aged.

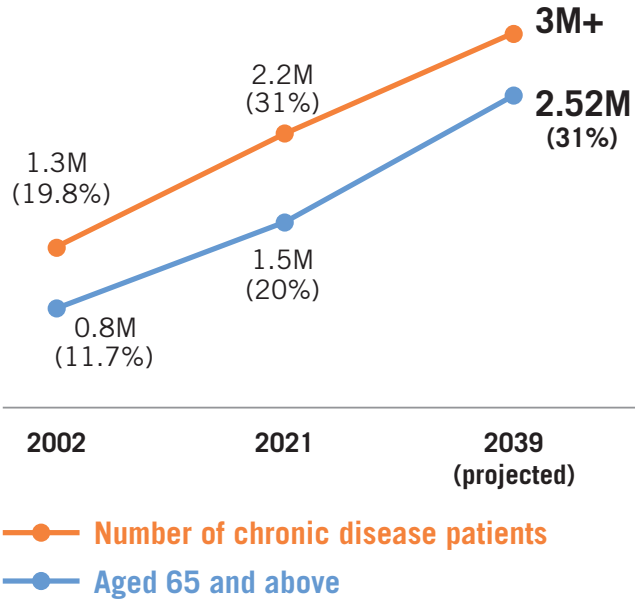
Chronic diseases are a major public health concern because of their impact on quality of life and productivity of the economy due to gradually deteriorating health conditions of the poorly managed patients, as well as their heavy burden to the public healthcare system in terms of high service utilisation and financial cost, especially when the associated complications are not timely intervened.

Projection of population aged 65 and over (Projection of 2039)

Population with chronic diseases (Projection of 2039)



Population aged 65 and over and number of chronic disease patients



The Healthcare Challenges in Hong Kong

Ageing population and increasing chronic diseases prevalence is expected to exert a heavy toll on secondary/tertiary care especially the public hospitals. The utilisation rate of hospital service rises exponentially for people aged 65 and over. Despite only making up 18% of the population, they accounted around half of all patient days and Accident and Emergency (A&E) admissions and over one-third of General Out-patient Clinic (GOPC) and Specialist Out-patient Clinic (SOPC) attendances in 2019. Among GOPC, Family Medicine Specialist Clinic and SOPC patients, around 60% have selected chronic diseases, of which 82% have DM/HT. According to HA, among DM/HT patients, one in three has developed complications in 2019, and their per capita service cost was two times higher than those without complications.

Diabetes and Hypertension

About **half** are undiagnosed

One in three has developed complications

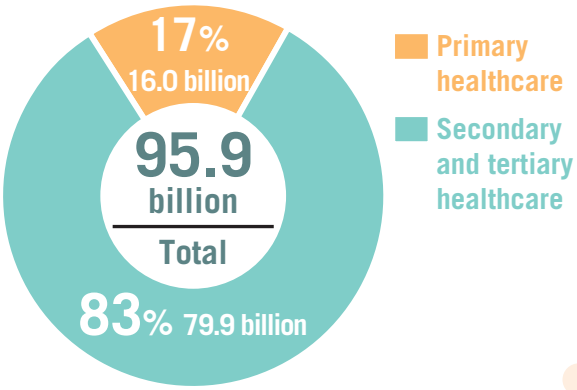
Service cost for complications is **two times higher**

To achieve better population health and quality of life, we need to shift the centre of gravity of our healthcare system from treatment-oriented institution-centric secondary/tertiary healthcare to prevention-oriented, family-centric PHC. Through well-managed and co-ordinated healthcare at the community level, we envisage that chronic disease patients' medical and health needs will be properly taken care of at the community level. In turn, alongside longevity, their physical well-being and quality of lives will be enhanced, their morbidity will be compressed and their needs for hospital care will be reduced and deferred. The overall health status of the population shall thereby be improved.

Health system sustainability

Currently, treatment-oriented secondary and tertiary healthcare especially public hospital services accounted for the majority of healthcare services and spending in Hong Kong. According to the Domestic Health Accounts (DHA) in 2019/20, the total current health expenditure in Hong Kong is roughly split at 30:70 between PHC ($52.9 billion) and secondary/tertiary healthcare ($127.3 billion). Owing to heavily subsidised public hospital services (at over 97% of costs), public healthcare expenditure is even more concentrated with around 83% ($79.9 billion) of public health expenditure spent on secondary and tertiary healthcare whereas only 17% was spent on PHC ($16.0 billion).

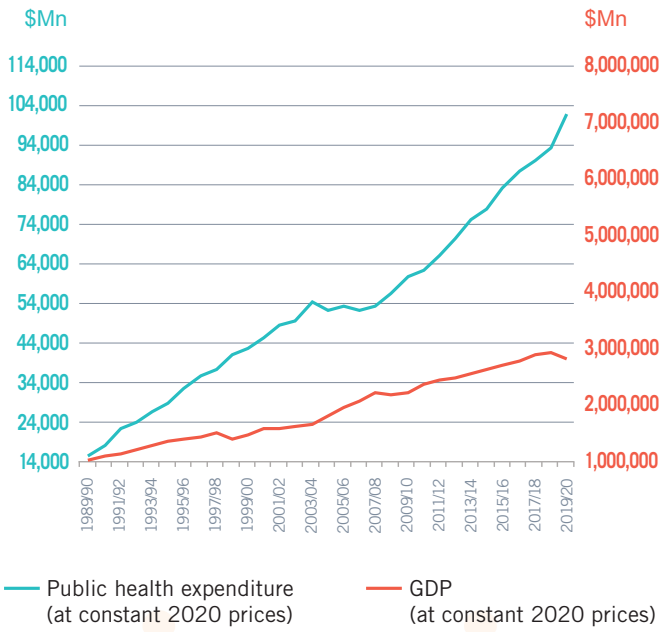
Public health expenditure in 2019/20



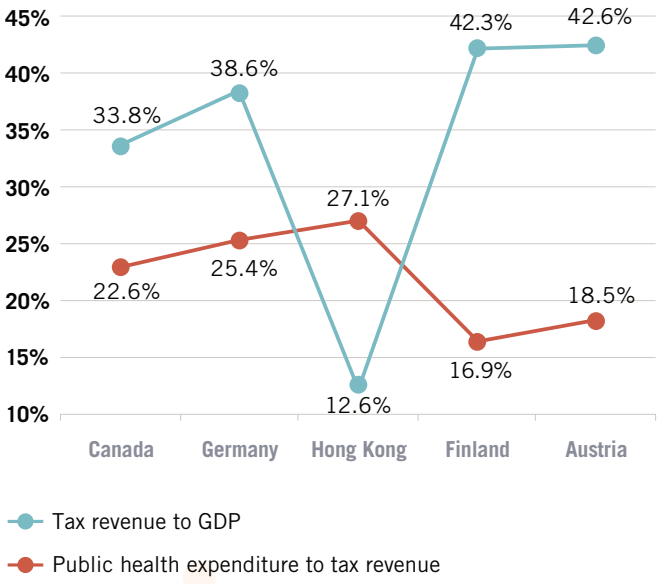
Treatment-oriented healthcare induces higher healthcare costs and accelerates the increase of health expenditure. From 2010/11 to 2019/20, our average annual growth rate of public health expenditure was 5.6%, faster than that of GDP at 2.0% in real terms. According to the projection based on a research commissioned by the then Food and Health Bureau in 2008, it was estimated that total/public healthcare expenditure would increase from 5.3%/2.9% of GDP in 2004 to 7.1%/4.1% of GDP in 2020 if nothing was done to reform the healthcare system. Actual total/public healthcare expenditure (excluding COVID-19 expenditure) was estimated to be about 6.7%/3.6% of GDP in 2019/20, illustrating that various reforms over the years might have helped to curb the expenditure increase.

Having said that, the accelerating ageing of the population in the coming decade will on one hand further limit GDP growth and the budget for public health expenditure, and on the other hand increase the demand for public health spending. It is simply unsustainable to keep increasing public health expenditure to fund the public hospital system to cope with the ever-increasing healthcare demand, unless systemic reform to the healthcare system is introduced.

Public health expenditure and GDP in real terms



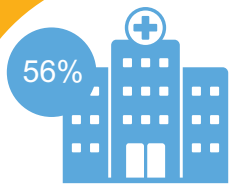
Tax revenue to GDP and Public health expenditure to tax revenue in selected economies with similar GDP per capita in 2019/20



The Healthcare Challenges in Hong Kong

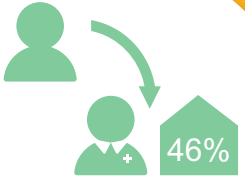
Health seeking behaviours of our citizens

Only 23% of the population have a designated family doctor



Around 56% of A&E first attendances are semi-urgent and non-urgent

Up to 40% of patients consult different doctors for the same illness episode



46% of SOPC first attendances referred from private doctors were stable cases

Health challenges

Uncertain about my health condition

Health declines as I get old

Higher risks of chronic diseases

Worry of frequent trips to hospitals

Publicly-funded primary healthcare services

Over the years, the Government has been providing publicly-funded PHC mainly through direct services of the Department of Health (DH) and HA. In recent years, the Government has launched various government-subsidised or public-private partnership (PPP) healthcare programmes as recommended in previous healthcare reform consultation documents with a view to tapping into the private healthcare sector resources in meeting the demand for public PHC service and enhancing the quality of health of the population. These include the Vaccination Subsidy Scheme since 2008, Elderly Health Care Voucher (EHCV) Scheme since 2009, General Out-Patient Clinic PPP Scheme since 2014, and Colorectal Cancer Screening Programme since 2016. Together these subsidised programmes accounted for some 3 billion government fixed expenditure on PHC in 2019/20.

Since 2019, the Government is committed to enhancing district-based PHC services by setting up DHCs throughout the territory progressively, with a view to strengthening collaboration between the health and social care sectors and public-private partnership in a district setting, enhancing public awareness in disease prevention and self-health management, offering greater support for patients with chronic diseases, and relieving the pressure on specialist and hospital services. Operated by a non-government entity through government funding, the DHC is a brand new service model and will be a key component of the PHC system in a bid to shift the emphasis of the present healthcare system and people's mindset from treatment-oriented to prevention-oriented.

To build up a critical mass of district-based PHC services throughout the territory, the Government has set up DHCs (and DHC Expresses of smaller scale in the interim) in all districts across the territory by 2022. DHCs will progressively strengthen their role as the co-ordinator of community PHC services and case manager to support PHC doctors on one hand, and their role as district healthcare services and resource hub that connect the public and private services provided by different sectors in the community on the other hand, thereby redefining the relationship among public and private healthcare services; as well as PHC and social service providers.

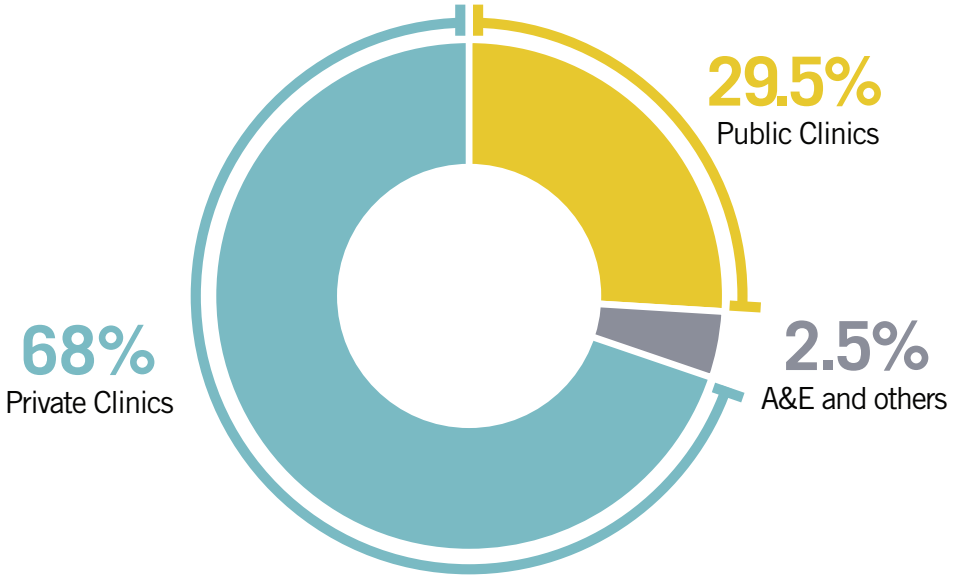
Private primary healthcare providers and public-private partnership

Complementing the public healthcare system, the private sector is the major provider of PHC services, accounting for about 75% of PHC expenditure and providing about 68% of out-patient doctor consultations. In 2019/20, about 77% of private health expenditure on PHC was paid out-of-pocket. While private services offer more choices and flexibility to patients, accessibility and equality of healthcare are constrained. Private PHC services are mainly provided as episodic care without co-ordination and continuity. Moreover, as only about 23% of the population have a designated family doctor, the role of family doctors on care co-ordination, streamlining and triage at the community level is limited.

To improve accessibility to quality PHC for the general public and redress the imbalance between the public and private healthcare sector, strategically the Government strives to optimise the utilisation of private healthcare resources and leverage on the private sector's capacity for providing PHC services, with a view to relieving pressure on the public sector and thereby enhancing the sustainability of the healthcare system. As recommended in the "Your Health Your Life" healthcare reform consultation document in 2008, PPP in healthcare should be pursued in Hong Kong to subsidise the community to make better use of resources in the private sector to deliver service for some public sector patients, thus allowing the public healthcare system to continue to serve as an essential safety net for the population and be accessible to those who lack the means to pay.

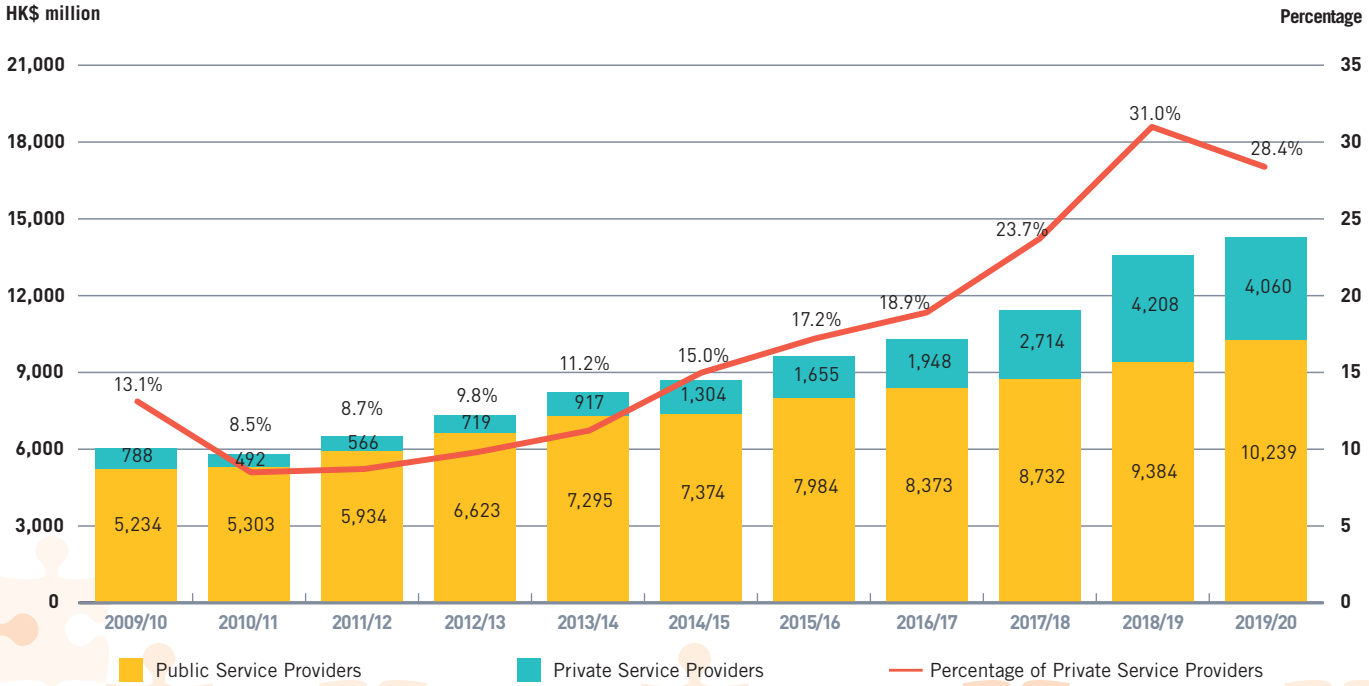
In doing so, there is a need for standardisation and assurance of the quality of PHC services across public and private service providers to ensure that the whole PHC system is driving towards the Government's overall PHC policy and delivering the intended health outcomes. Enhancement of performance monitoring tools, improvement on standardisation and transparency in the private PHC sector to unleash their potential in achieving continuity of care, care co-ordination and gate-keeping are some of the key issues to be addressed. With the participation of well-managed private PHC providers in the PHC system, we envisage to see improvements in the quality of health for individuals and the population as a whole.

Out-patient Attendance in 2019



Public Expenditure on Primary Healthcare Through Public Service Providers vs Private Service Providers

(excluded COVID-19 related expenditure)



Our Vision for the Primary Healthcare System

A shift of healthcare focus from curative treatment to the prevention of diseases is necessary for addressing the new challenges to our healthcare system brought about by an ageing population and increasing chronic disease prevalence. We are committed to enhancing district-based PHC services in a bid to shift the emphasis of the present healthcare system and people's mindset from treatment-oriented to prevention-oriented.

Our vision is to improve the overall health status of the population, provide accessible and coherent healthcare services, and establish a sustainable healthcare system.

To achieve the above, we should follow the following strategies:

Prevention-oriented

Community-based

Family centric

Early detection & intervention

The Direction of Primary Healthcare Reform

To achieve our vision of a sustainable healthcare system and to address the above challenges, we plan to undertake reform proposals in the following areas –

Develop a Community-Based PHC System

Strengthen PHC Governance

Consolidate PHC Resources

Reinforce PHC Manpower

Improve Data Connectivity and Health Surveillance

To meet the challenges of the PHC system, not only do we need to introduce reform to the existing healthcare services and market structure, we also need to reform the financing arrangements in support of the healthcare system reform as a whole to develop a sustainable and prevention-oriented PHC system. These reform proposals form an integral package and complement each other.

1 Develop a Community-based Primary Healthcare System

Challenges and our aims

The current PHC system tends to be fragmented with lack of overall strategic planning and co-ordination on service development and vertical and horizontal integration. Fragmentation in the health system results in inefficiencies in resource use and misalignment of incentives.

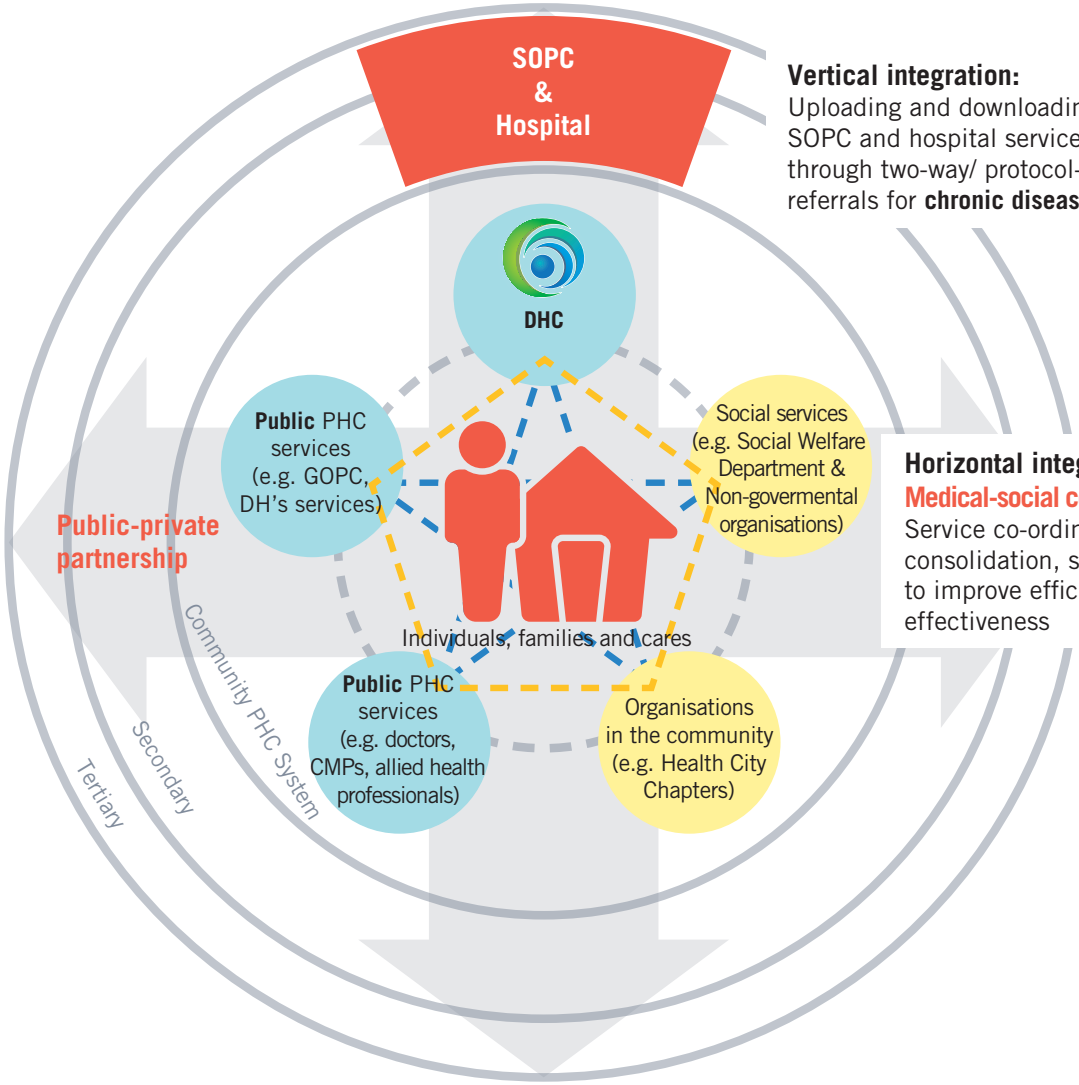
The Government considers it is necessary to establish a more systematic and coherent platform to incentivise the community to manage their own health, promote awareness of the importance of PHC services and improve service accessibility. With the gradual establishment of DHCs in various districts in Hong Kong, the PHC service delivery model in Hong Kong will gradually be transformed into a district-based community health system in a bid to shift the emphasis of the present healthcare system and changing people's mindset from treatment-oriented to prevention-oriented.

Recommendations

To enhance PHC service delivery, we recommend to consider the following –

- **To further develop the district-based family-centric community health system based on the DHC model,** with an emphasis on horizontal integration and co-ordination of district-based PHC services through service co-ordination, strategic purchasing, and medical-social collaboration, and vertical integration and interfacing with secondary and tertiary care services through protocol-driven care pathway for specified chronic diseases and well-trained primary care family doctors, as well as further strengthening the concept of "family doctor for all", especially in the management of chronic diseases, to cultivate a long-term family doctor-patient relationship between the patient and his/her family doctor.

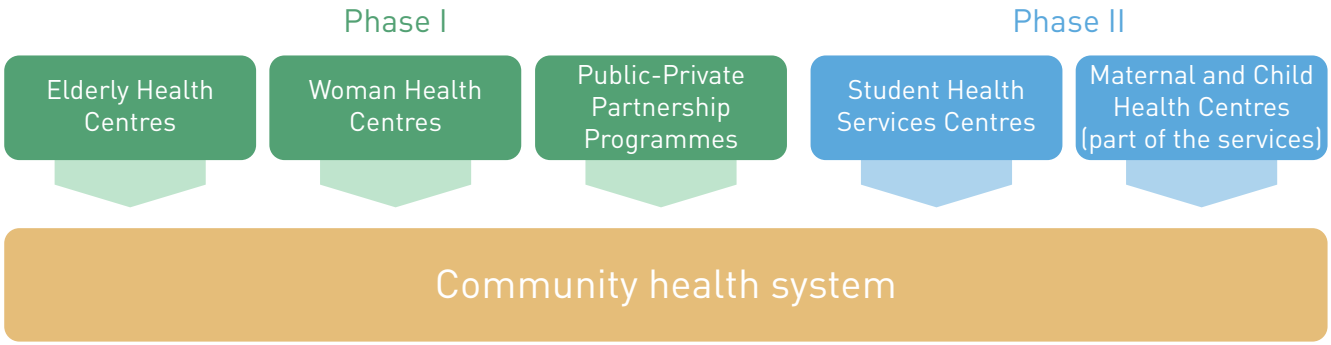
1 Develop a Community-based Primary Healthcare System



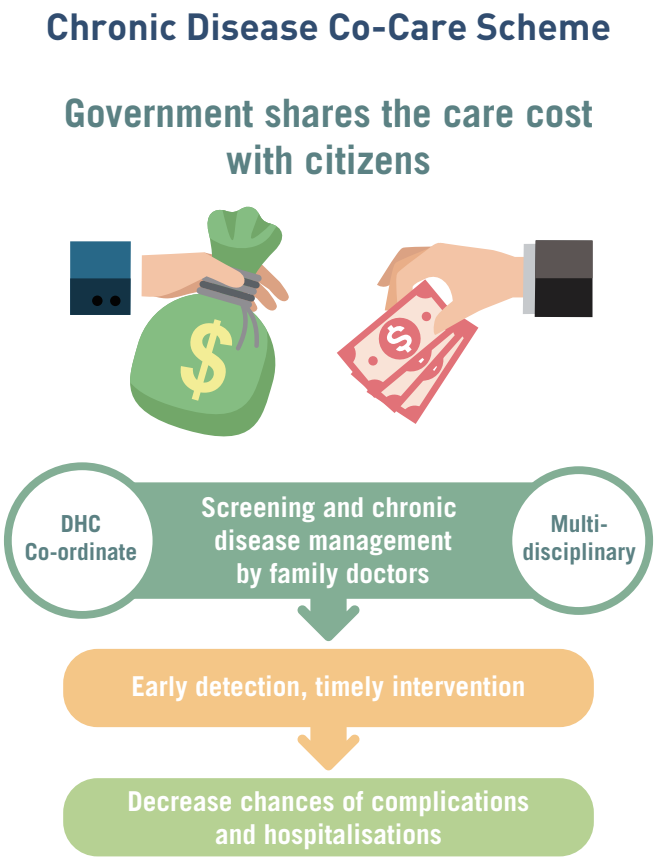
The importance of family doctor

- Family doctor is the major primary care service provider who provides comprehensive, person-centred, continuing, preventive and co-ordinated care to you and your family members, taking care of the health of you and your family members.
- Apart from treating and caring of acute and chronic diseases, a family doctor also plays a crucial role in supporting you continuously in prevention and self-management of diseases.
- Family doctor has good understanding of your health conditions and needs, and provides you the most suitable care and professional advice in promoting your health.

- **To progressively migrate PHC services under DH to the district-based community health system**, especially those with room for more efficient delivery through an alternative approach, with a view to facilitating provision of integrated PHC services through the district-based community health system and reducing service duplication.



- **To introduce a "Chronic Disease Co-Care Scheme" (CDCC Scheme)** to provide targeted subsidy for the public to conduct diagnosis and management of target chronic diseases (especially HT and DM) in the private healthcare sector through "family doctor for all" and a multi-disciplinary PPP model.



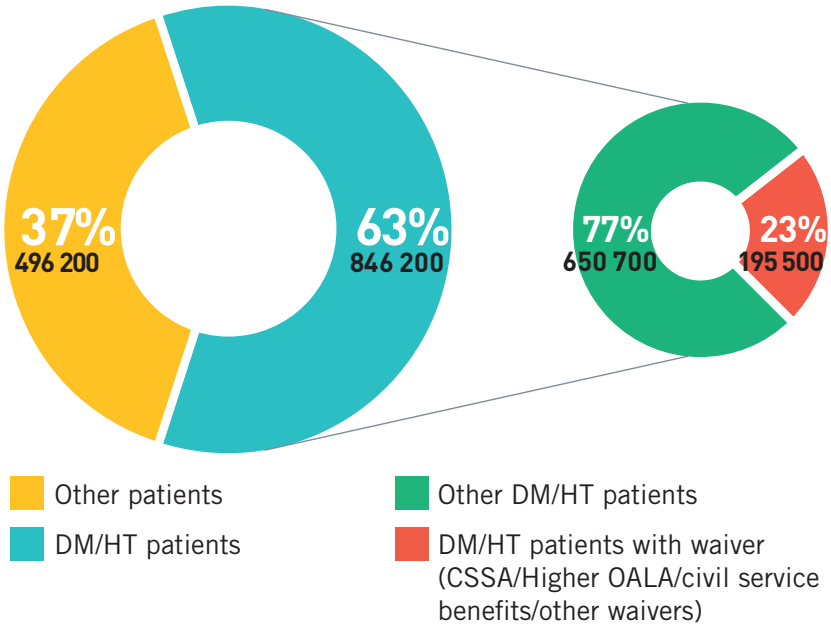
Early intervention for chronic diseases

- According to a local study, the health system will save about 28% or 12.5 billion on direct healthcare expenses over 30 years and prevent a total of 47 138 mortalities through the provision of subsidised DM screening and management services in the private sector for individuals with DM and prediabetes between the ages of 45 to 54 years.
- Another local study demonstrates that multi-disciplinary intervention of DM and HT programmes would save healthcare costs up to 38% and 33% per patient per year.

1 Develop a Community-based Primary Healthcare System

- **To review the positioning of HA's GOPC services, prioritise the socially disadvantaged groups (especially low income families and the poor elderly)** to receive HA's GOPC services, while other patients may also choose to seek private PHC services through the CDCC Scheme.

2019/20 GOPC's service statistics*



*The above figures exclude service users with civil service benefit /HA benefit

2

Strengthen Primary Healthcare Governance

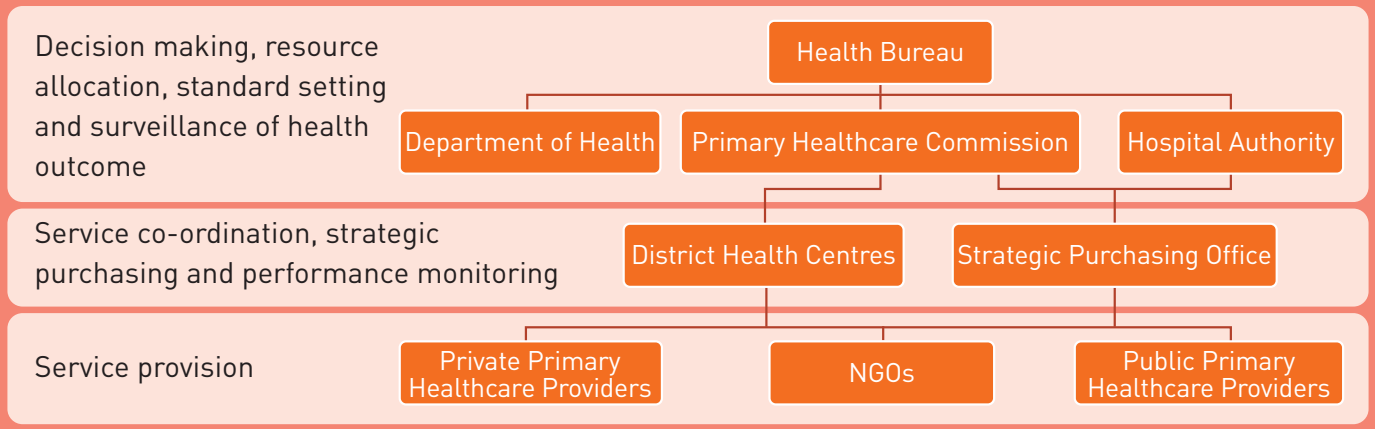
Challenges and our aims

The existing health governance structure has not placed enough emphasis on PHC. A holistic approach at the policy level is required in addressing the systemic imbalances between PHC and secondary/tertiary healthcare in terms of policy-making, resources, manpower, regulation and outcome monitoring. A co-ordinated approach at the implementation level is also required to ensure commitment to drive institutional changes and enhance cross-sectoral and inter-organisational co-ordination among PHC services in an integrated manner. Enhancement of performance monitoring tools, and improvement on standardisation and transparency in the services across the public sector and the private sector, where PHC services mainly take place, are some of the key issues to be addressed.

Recommendations

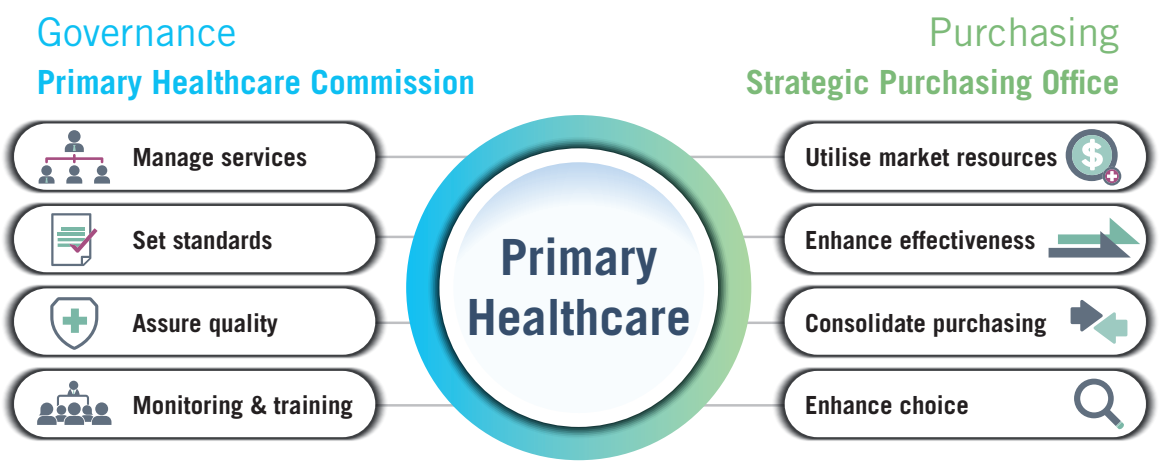
To strengthen PHC governance, we propose the following –

- **To progressively transform the Primary Healthcare Office currently under the Health Bureau into the Primary Healthcare Commission** empowered to oversee PHC service delivery, standard setting, quality assurance and training of PHC professionals under one roof, as well as to take on PHC service planning and resource allocation through strategic purchasing supported by the Strategic Purchasing Office.

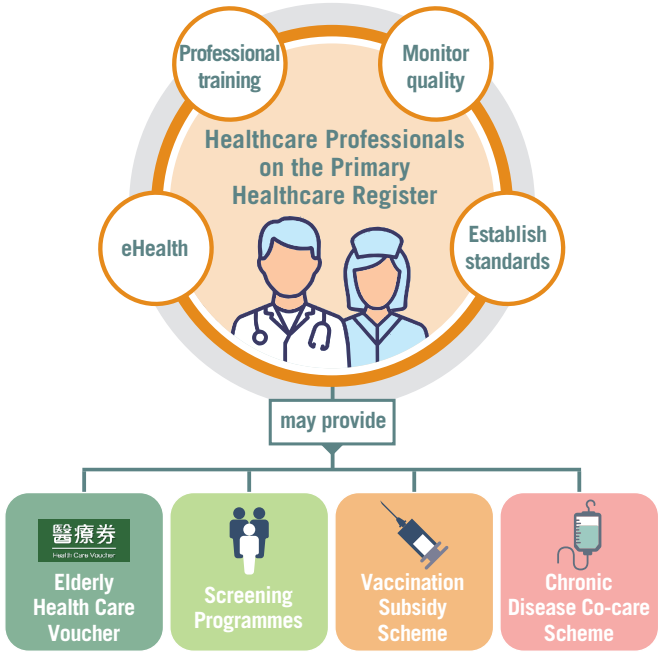


2 Strengthen Primary Healthcare Governance

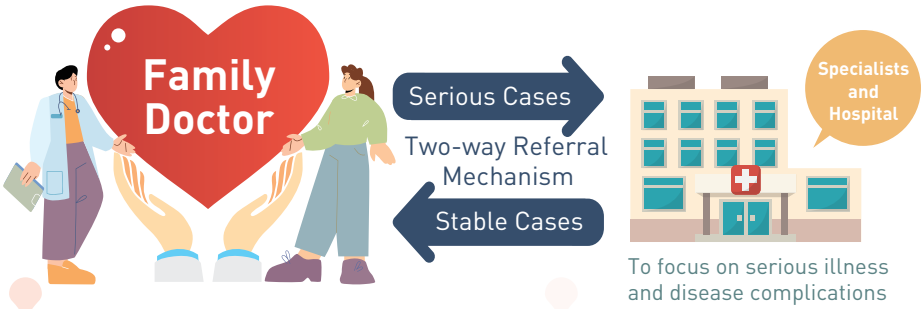
Primary Healthcare Governance and Purchasing



- **To require all family doctors and healthcare professionals participating in PHC service provision to be enlisted on the Primary Care Register and commit to using the PHC reference frameworks**, including those enrolling in government-subsidised programmes such as the EHCV Scheme and various PHC PPP Programmes such as CDCC Scheme, in order to ensure the quality of PHC services, establish the "gold standard" for PHC service providers, and provide incentives for PHC professionals to participate in multi-disciplinary PHC services and adopt best practices.



- **To establish the two-way referral mechanism between PHC services in both the public and private sectors with the specialist and hospital services**, emphasising the effective discharge of case management and gate-keeping role of PHC service providers, allowing timely and appropriate referral of patients with complications by primary care doctors to specialists and public hospitals for secondary care, and allowing continuing follow-up, monitoring and disease management of patients in stable conditions by primary care doctors.



3 Consolidate Primary Healthcare Resources

Challenges and our aims

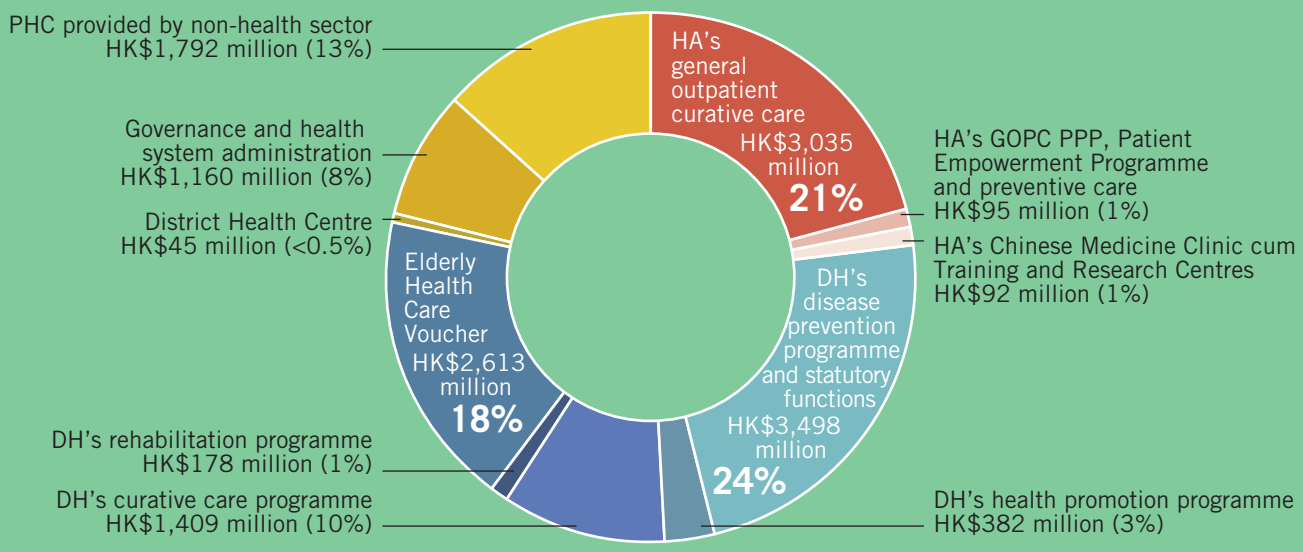
The current health expenditure allocation is heavily skewed towards secondary and tertiary healthcare. In order to shift the focus of the current health system towards PHC, apart from injecting new resources through increasing public expenditure, we need to explore reallocation from and better utilisation of existing resources.

Recommendations

To consolidate resources for PHC, we will explore the following initiatives –

- **Make wider use of market capacity and adopt the "co-payment" principle** to provide government subsidised PHC programmes. This will incentivise citizens with higher affordability to use private healthcare services under government subsidised programmes.

Distribution of public PHC expenditure in 2019/20 (HK$)
(excluded COVID-19 related expenditure)

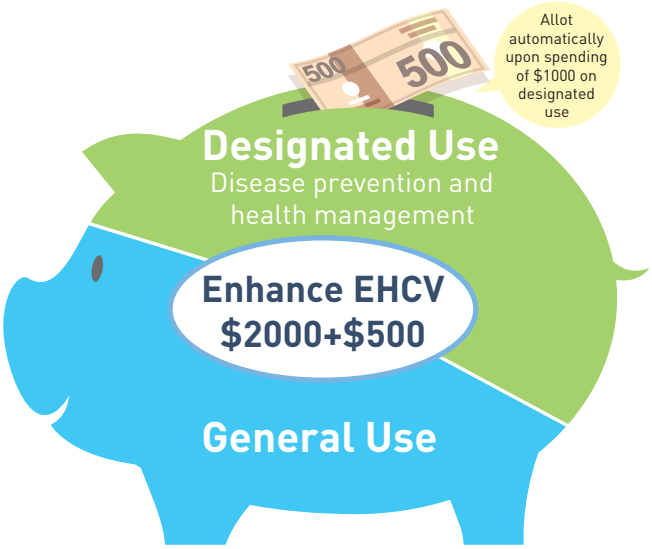


3 Consolidate Primary Healthcare Resources

Co-payment principle

- Chronic diseases patients with higher affordability are free to choose their preferred family doctors and PHC professionals through co-payment, and benefit from greater choices, shorter waiting time, better environment, more personalised care and convenient PHC service locations.
- Through government subsidy and setting of optimum co-payment level, some patients with chronic diseases could be diverted to the private market. With the introduction of market competition, service fees are expected to be more transparent and even reduced.
- Public healthcare services continue to serve as an essential safety net for the population.

- **To improve EHCV Scheme to direct resources towards PHC services with an emphasis on strengthening chronic disease management and reinforcing the different levels of prevention,** by incentivising elders to use EHCVs for continuous preventive healthcare and chronic disease management with healthcare service providers registered under the Primary Care Register, such as health assessment, chronic disease screening and management or other government initiatives.



Designated use on PHC services

(i) Western medicine practitioners: health assessment / body check / screening (screening for diabetes and hypertension), vaccination and prescription of preventive drugs, and treatment of chronic diseases, etc.

(ii) Chinese medicine practitioners: health assessment and management (including identification of body constitutions and regulation of overall functioning through prescription of Chinese medicine and clinical methods like acupuncture), etc.

(iii) Dentists: dental examination, scaling, extraction and filling, etc.

- **To establish a Strategic Purchasing Office under Health Bureau to oversee the development and implementation of strategic purchasing programmes at primary care level,** so as to channel resources more effectively towards quality, co-ordinated and continuous PHC with an emphasis on prevention-oriented, community-based and family-centric services, reduce service duplications, gaps, inefficiencies and mismatches between the public and private sectors in PHC, and ultimately bring about optimised co-ordinated and integrated care to individuals and families to maximise their health benefits and outcomes.

The benefits of strategic purchasing

- Enable healthcare service delivery in a more cost-effective manner
- Reduce service duplications, gaps, inefficiencies and mismatches
- Enable PPP programmes to be procured and administered in a more strategic and holistic manner
- Introduce competition among providers and increase flexibility and responsiveness to citizen's needs quickly
- Contain health cost escalation and alleviate the service burden of public healthcare system in the long run

- **To enhance co-ordination of development and redevelopment of government buildings and premises for healthcare facilities at the community level** in order to enhance utilisation of land resources and workspace for the delivery of seamlessly integrated, co-ordinated and continuous PHC through co-location.

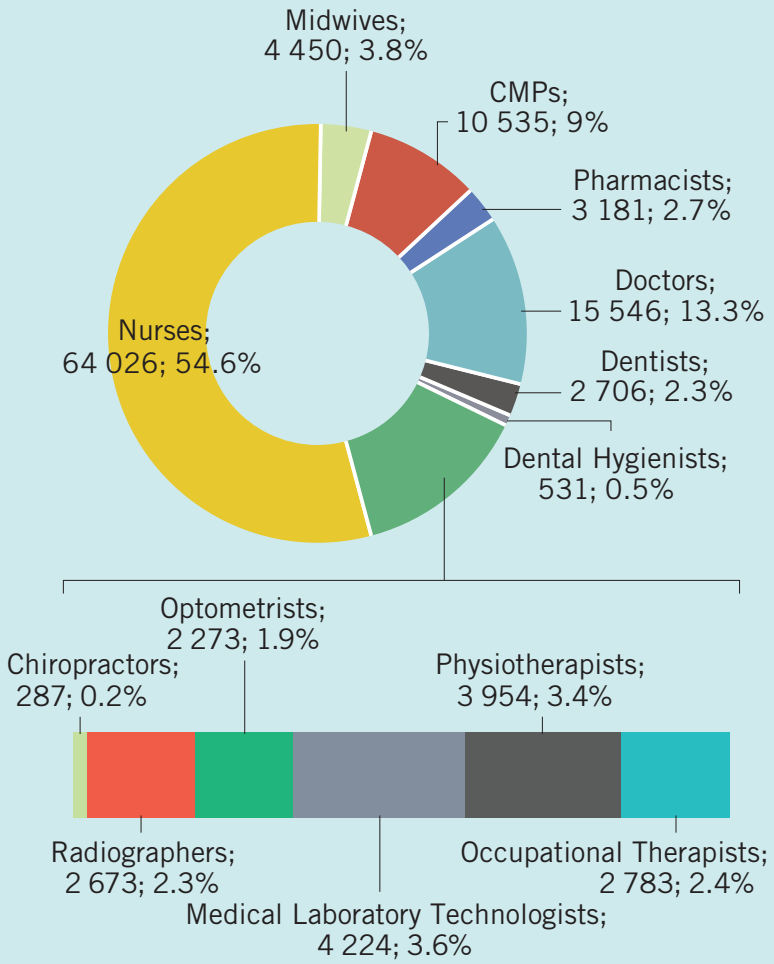
4

Reinforce Primary Healthcare Manpower

Challenges and our aims

The sustained delivery of quality and adequate PHC services relies on the stable and sufficient supply of qualified PHC manpower with sufficient knowledge, skills and attitude, who embraces the concept of multi-disciplinary teamwork and specialises in the team setting in PHC in the community. The training of PHC professionals and enhancing the role of PHC professionals are therefore essential to ensure adequate quantity and quality of manpower supply.

Number of Registered Healthcare Professionals



Recommendations

To ensure adequate and quality primary care manpower, we recommend –

- **To review the manpower projection model and formulate strategies to systematically project the demand for PHC professionals** taking into account healthcare demands of the population as a whole, the recommendations in the Blueprint, and provision of PHC services in both the public and private sectors, with a view to ensuring a sufficient supply of PHC professionals through provision of subsidised local training places as well as attraction of non-locally trained professionals.
- **To enhance PHC-related training for all PHC service providers and set training requirements under Primary Care Register,** so as to facilitate healthcare professionals in both the public and private sectors to play a more active role in the development of PHC under a team approach and operate in a co-ordinated fashion as part and parcel of the district-based community health system.

Existing Primary healthcare training courses for healthcare professionals	
Medical practitioners	**The Hong Kong College of Family Physicians (HKCFP)** • Certificate Course in Essential Family Medicine • Diploma Course in Family Medicine
	HKCFP and the College of Ophthalmologists of Hong Kong • Certificate Course in Ophthalmology for Primary Care Doctors
Nurses	**The Hong Kong Academy of Nursing** • Post-registration Certificate Course in Primary Health Care Nursing (DHC Module)
Physiotherapists	**The Hong Kong Polytechnic University (PolyU), SAHK Institute of Rehabilitation Practice and the Hong Kong Physiotherapy Association** • Professional Certificate in Primary Healthcare in Community Care Context for Physiotherapy
Occupational therapists	**PolyU and the Hong Kong Occupational Therapy Association** • Professional certificate in Primary Healthcare for Occupational Therapy
Social workers	**The Hong Kong Council of Social Service** • Certificate in Primary Healthcare for Social Workers

- **To progressively enhance the role of Chinese medicine practitioners, community pharmacists as well as other PHC professionals in the delivery of PHC services,** through undergraduate and postgraduate education and clinical practice in PHC, and professional-driven and evidence-based development of care models and protocols under the aegis of the Primary Healthcare Commission with necessary resource allocation and referral pathways as part of the co-ordinated and coherent PHC at community level.

5 Improve Data Connectivity and Health Surveillance

Challenges and our aims

A comprehensive and effectively connected digital healthcare data network, which allows real-time access and sharing of health records among patients and healthcare providers in the public and private sectors, is essential for facilitation and co-ordination of continuing healthcare for individuals and the collection of essential and accurate health surveillance data for effective healthcare policy and services planning for the population as a whole.

Recommendations

To improve data connectivity and health surveillance, we propose the following –

- **To transform the eHealth from a basic health record sharing system into a comprehensive and integrated healthcare information infrastructure for healthcare data sharing, service delivery and process management especially PHC-related services,** with multiple function layers to facilitate service record keeping, essential data sharing (such as allergy histories, diagnoses, prescriptions, etc.), health monitoring and surveillance, case and workflow management (including triage, referral and payment), and explore the use of big data analytics to contribute to population health surveillance and individual health management.

- **To require all PHC service providers to use eHealth and input the medical data, essential health data and service data of service users into the eHealth account of the service users**, with a view to strengthening the protection for healthcare service users, ensuring healthcare quality and raising standards, and enhancing co-ordination and continuity in the healthcare process, especially in the PHC at the community level and referral to and from the public hospital system, through mandates by necessary amendments to the Electronic Health Record Sharing System Ordinance (Cap. 625) and inclusion of relevant requirements in Primary Care Register and PPP programmes.

- **To develop a population-based health dataset and conduct on-going data analytics and surveys, and commission research studies on population-based health status, disease pattern and burden, and health seeking pattern, etc.**, with a view to providing the necessary data, evidence and analysis to support health policy making by the Government, PHC service planning and resource allocation by the Primary Healthcare Commission as well as the corresponding service planning and resource allocation for the public hospital system.

eHealth App

- Over 5.6 million people (over 70% of the population of Hong Kong) have registered to join eHealth.
- Over 2.6 million people have downloaded eHealth App.

A Successful Primary Healthcare System

The COVID-19 pandemic has presented exceptional challenges to public health authorities around the world. Hong Kong is no exception. To maintain the remarkable efficiency, professionalism and high adaptability of the healthcare system in Hong Kong, we need to make continuous improvements in multiple aspects in order to tackle the challenges posed to our healthcare system by an ageing population and the epidemic.

The COVID-19 pandemic has further highlighted the critical importance of a strong district-based PHC system. This Blueprint sets out our vision and outlines the specific recommendations and implementation plans to laid down a strategic roadmap for the future development of PHC in Hong Kong.

The successful development of PHC services should bring about positive impacts to the healthcare system of Hong Kong at the system, organisation and individual levels. The Research and Data Analytics Office to be established under Health Bureau shall develop a mechanism including tools and indicators to measure the outcomes in various areas in the Blueprint in order to continue to monitor and evaluate the success of various PHC initiatives.

Way Forward

In accordance with the Blueprint recommendations, we shall proceed to engage with stakeholders to formulate detailed plans and implementation timetables with the support of Steering Committee on Primary Healthcare Development. We expect to initiate various plans in phases over the short, medium and long term.

Scan for the full
Primary Healthcare Blueprint
or visit
primaryhealthcare.gov.hk

Health Bureau
The Government of the
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